

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



Electronic Filing

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Page 1 of 31

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Dan Malloy For Connecticut				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
First Len		MI S	Last Miller		Suffix
4. TREASURER ADDRESS					
Street Address 8 Kings Ln		City Essex		State CT	Zip Code 06426
5. ELECTION DATE 11/04/2014		6. OFFICE SOUGHT (Complete only if Candidate Committee) Governor			7. DISTRICT NUMBER (if applicable)
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Dannel		MI P.	Last Malloy		Suffix
9. TYPE OF REPORT July 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 05/31/2014 thru 06/30/2014					
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Len Miller PRINT NAME OF THE SIGNER		07/08/2014 9:51:25PM 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

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	TYPE OF REPORT	
Dan Malloy For Connecticut	July 10 Filing - Original	
	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	\$49,362.54	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$215,098.20
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$6,500,310.18	\$6,500,410.18
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$6,500,310.18	\$6,715,508.38
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$6,549,672.72	\$6,715,508.38
20. Expenses Paid by Committee (Section N)	\$185,044.89	\$350,880.55
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col)	\$6,364,627.83	\$6,364,627.83
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$3,194.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M) OPTIONAL	\$0.00	\$0.00
26. Beginning Loan Balance	\$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	
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)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)		TYPE OF REPORT	
Dan Malloy For Connecticut		July 10 Filing - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY			For Nonparticipating Candidates ONLY
B. Itemized Contributions from Individuals			

Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No If yes, list Event #		
Is this contribution associated with a fundraising event listed in Section J1?	Yes No	Method of contribution:		Date Received	Aggregate Contributions
		Cash Personal Check Money Order Credit/Debit Card			

Total of Section B			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS	(Sections A + B)	(Total on Line 14 of Summary Page)	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
Dan Malloy For Connecticut				July 10 Filing - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Amount of Contribution
			Yes No If yes, list Event #		
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Dan Malloy For Connecticut				July 10 Filing - Original	
C2. Reimbursements, Payments, or Surplus Distributions 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-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Dan Malloy For Connecticut				July 10 Filing - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address	City	State	Zip Code	Is there a cosigner or Guarantor of this loan?	
				Yes	No
Name of Cosigner/Guarantor (if applicable)				Amount Received	
Street Address	City	State	Zip Code		
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
Dan Malloy For Connecticut				July 10 Filing - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)					
Date of Receipt	Method of Payment			Amount	
	Cash	Personal Check	Credit/Debit Card		
Total of Section E					

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
Dan Malloy For Connecticut		July 10 Filing - Original	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section G			

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE		TYPE OF REPORT	
Dan Malloy For Connecticut		July 10 Filing - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
		06/06/2014	\$0.08
Purpose of Grant: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
		06/20/2014	\$406,185.10
Purpose of Grant: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Grant Adjustment <input type="checkbox"/> Supplemental/Post Election Deficit	Grant Cycle: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Special Election	Date Received	Amount
		06/27/2014	\$6,094,125.00
Total of Section H			\$6,500,310.18

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				TYPE OF REPORT	
Dan Malloy For Connecticut				July 10 Filing - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE				TYPE OF REPORT	
Dan Malloy For Connecticut				July 10 Filing - Original	
J1. Fundraising Event Information					
Fundraising Event # Date of Fundraiser	Letter	Description			
Location: Street Address			City	State	Zip Code
Was this fundraising event hosted at a personal residence?		Yes	if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1:		Yes	(If yes, enter Total Receipts here.)		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		No			
Total of Section J1					

II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

K. In-Kind Contributions

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

Total of Section K

III. Non Monetary Receipts (Sections K - M)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual	First Name	MI	Date Deposit Made	
Residential Street Address	City	State	Zip Code	Amount of Deposit
Name of Telephone company				
Street Address	City	State	Zip Code	
Total of Section L				

III. NONMONETARY RECEIPTS (Sections K - M)

NAME OF COMMITTEE	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)			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		
Total of Section M				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Paychex of New York LLC		Date of Payment 06/13/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 800 Connecticut Ave Ste 1 North		City Norwalk		State CT Zip Code 06854
Purpose of Expend WAGE	Description			Amount \$2,105.26
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Paychex of New York LLC		Date of Payment 06/13/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 800 Connecticut Ave Ste 1N		City Norwalk		State CT Zip Code 06854
Purpose of Expend WAGE	Description			Amount \$85.17
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Katharine Urbank		Date of Payment 06/13/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 227 Brookdale Rd		City Stamford		State CT Zip Code 06903
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee James Hallinan		Date of Payment 06/13/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 53 Loomis Dr Apt A1		City West Hartford		State CT Zip Code 06107
Purpose of Expend WAGE	Description			Amount \$3,800.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Michael Mandell		Date of Payment 06/13/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 196 Woodrow Dr Apt D		City West Hartford		State CT Zip Code 06107
Purpose of Expend WAGE	Description			Amount \$2,750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Jonathan Blair		Date of Payment 06/13/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1465 Farmington Ave Unit W		City Farmington		State CT Zip Code 06032
Purpose of Expend WAGE	Description			Amount \$5,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Mark Bergman		Date of Payment 06/13/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 102 Riverview Ave		City Branford	State CT	Zip Code 06405
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$5,100.00
Name of Payee Eleni Bourinaris		Date of Payment 06/13/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 290 Country Club Rd		City New Britain	State NY	Zip Code 06053
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,000.00
Name of Payee iStockphoto LP		Date of Payment 06/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1240 20th Ave SE Ste 200		City Hartford	State CT	Zip Code
Purpose of Expend A-WEB	Description Suite 200 - 1240 20th Avenue SE Calgary, Alberta Canada			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$99.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee High Ridge Printing and Copy Center		Date of Payment 06/16/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1009 High Ridge Rd		City Stamford	State CT	Zip Code 06905
Purpose of Expend POST	Description			Amount \$49.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Central Paper		Date of Payment 06/24/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 47 Harbor View Ave		City Stamford	State CT	Zip Code 06902
Purpose of Expend OFFICE	Description			Amount \$17.92
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Michael Mandell		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>275</u> <input type="checkbox"/> Debit Card	
Street Address 196 Woodrow Dr Apt D		City West Hartford	State CT	Zip Code 06107
Purpose of Expend RCW	Description			Amount \$424.51
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Jonathan Blair		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>274</u> <input type="checkbox"/> Debit Card	
Street Address 1465 Farmington Ave Unit W		City Farmington		State CT Zip Code 06032
Purpose of Expend RCW	Description			Amount \$498.24
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Jonathan Blair		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1465 Farmington Ave Unit W		City Farmington		State CT Zip Code 06032
Purpose of Expend WAGE	Description			Amount \$5,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee PowerThru LLC		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>277</u> <input type="checkbox"/> Debit Card	
Street Address 3205 Lincoln St		City Columbia		State SC Zip Code 29201
Purpose of Expend A-WEB	Description			Amount \$1,327.50
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee PowerThru LLC		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>276</u> <input type="checkbox"/> Debit Card	
Street Address 3205 Lincoln St		City Columbia	State SC	Zip Code 29201
Purpose of Expend A-WEB	Description			Amount \$2,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee PowerThru LLC		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>280</u> <input type="checkbox"/> Debit Card	
Street Address 3205 Lincoln St		City Columbia	State SC	Zip Code 29201
Purpose of Expend CNSLT	Description			Amount \$5,589.02
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Mark Bergman		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 102 Riverview Ave		City Branford	State CT	Zip Code 06405
Purpose of Expend WAGE	Description			Amount \$4,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original
N. Expenses Paid By Committee	

Name of Payee James Hallinan		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>264</u> <input type="checkbox"/> Debit Card	
Street Address 53 Loomis Dr Apt A1		City West Hartford	State CT	Zip Code 06107
Purpose of Expend RCW	Description			Amount \$657.06
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Andrew Bean		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 173 Euclid Ave Fl 1		City Waterbury	State CT	Zip Code 06710
Purpose of Expend WAGE	Description			Amount \$1,750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Alex Bland		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 10 Balunfork Ave # 11		City Danbury	State CT	Zip Code 06810
Purpose of Expend WAGE	Description			Amount \$1,750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Katharine Urbank		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 227 Brookdale Rd		City Stamford	State CT	Zip Code 06903
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,250.00
Name of Payee James Hallinan		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 53 Loomis Dr Apt A1		City West Hartford	State CT	Zip Code 06107
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,800.00
Name of Payee Mission Control		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>279</u> <input type="checkbox"/> Debit Card	
Street Address 114A Mansfield Hollow Rd		City Mansfield Center	State CT	Zip Code 06250
Purpose of Expend PRNT	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$3,914.74

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Michael Mandell		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>282</u> <input type="checkbox"/> Debit Card	
Street Address 196 Woodrow Dr Apt D		City West Hartford		State CT Zip Code 06107
Purpose of Expend RCW	Description			Amount \$181.52
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Michael Mandell		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 196 Woodrow Dr Apt D		City West Hartford		State CT Zip Code 06107
Purpose of Expend WAGE	Description			Amount \$3,800.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Paychex of New York LLC		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 800 Connecticut Ave Ste 1N		City Norwalk		State CT Zip Code 06854
Purpose of Expend WAGE	Description			Amount \$5,304.55
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Paychex of New York LLC		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 800 Connecticut Ave Ste 1N		City Norwalk	State CT	Zip Code 06854
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$200.00

Name of Payee Eleni Bourinaris		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 76 W 132nd St Apt 7		City New York	State NY	Zip Code 10037
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,000.00

Name of Payee Daniel Giungi		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 47 Bonny View Rd		City West Hartford	State CT	Zip Code 06107
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee John Gruber		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2714 Lieghton Rd		City Shaker Heights		State OH Zip Code 44120
Purpose of Expend WAGE	Description			Amount \$1,750.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee John Hay		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 3330 Willis Ave		City Louisville		State KY Zip Code 40207
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Thomas Hyde		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 180 Mountain Rd		City West Hartford		State CT Zip Code 06107
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Paul Leszczynski		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 23 Chester Ct		City Courtland Manor	State NY	Zip Code 10567
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,750.00

Name of Payee David Levine		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 113 Ferry Ct		City Stratford	State CT	Zip Code 06615
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,250.00

Name of Payee Mandisa Lewis		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 7524 Richmond Rd		City Oakwood Village	State OH	Zip Code 44146
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,750.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Noah Merksamer		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 259 Fairchild Ave # 2		City Fairfield		State CT Zip Code 06825
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Walter Morton		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 172 Putnam Ave		City Hamden		State CT Zip Code 06517
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Jennifer Putetti		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 36 Peterson Ave		City Waterbury		State CT Zip Code 06705
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Michael Reitzes		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 1214 Cumberland Rd NE		City Atlanta	State GA	Zip Code 30306
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$2,000.00

Name of Payee Jessica Rinehart		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 200 Michelle Ln # 315		City Groton	State CT	Zip Code 06340
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,750.00

Name of Payee Roslin Spigner		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 219-35 112th Rd		City Queens Village	State NY	Zip Code 11429
Purpose of Expend WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$1,250.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Bryce Stoepfel		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 115 14th Street Rte # 15		City Ottawa		State OH Zip Code 45875
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Lovelie Tejada		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 338 E 100th St		City New York		State NY Zip Code 10029
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Elizabeth Wilson		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 2 Main St		City Hartford		State CT Zip Code 06107
Purpose of Expend WAGE	Description			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Connecticut Democratic State Central Committee		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>281</u> <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St		City Hartford	State CT	Zip Code 06106
Purpose of Expend OVHD	Description			Amount \$15,708.70
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee Global Strategy Group, LLC		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>285</u> <input type="checkbox"/> Debit Card	
Street Address 895 Broadway Fl 5		City New York	State NY	Zip Code 10003
Purpose of Expend CNSLT	Description			Amount \$41,051.10
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	
Name of Payee e-Online Data		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 320 Cumberland Ave		City Portland	State ME	Zip Code 04101
Purpose of Expend BNK	Description			Amount \$1,180.51
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

N. Expenses Paid By Committee

Name of Payee Paychex of New York LLC		Date of Payment 06/30/2014	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Street Address 800 Connecticut Ave Ste 1 North		City Norwalk	State CT	Zip Code 06854
Purpose of Expend OVHD	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$139.75
Name of Payee Progressive Casualty Insurance Company		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>283</u> <input type="checkbox"/> Debit Card	
Street Address PO Box 94921		City Cleveland	State OH	Zip Code 44101
Purpose of Expend TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$39.00
Name of Payee AKPD Message & Media LLC		Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # <u>284</u> <input type="checkbox"/> Debit Card	
Street Address 730 N Franklin St Ste 404		City Chicago	State IL	Zip Code 60654
Purpose of Expend A-TV	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, assign an Expenditure # and complete Itemization in Addendum		Expenditure # (if applicable)	Event #	\$37,722.34
Total of Section N				\$185,044.89

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
					July 10 Filing - Original	
O. Expenses Paid By Candidate						
Name of Payee (Name of vendor who candidate paid directly)				Date of Payment		Is Reimbursement Claimed? Yes No
Street Address		City		State	Zip Code	Amount
Purpose of Expenditure (by code)	Description			Event #		
Total of Section O						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)					TYPE OF REPORT	
Dan Malloy For Connecticut					July 10 Filing - Original	
P. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card: <div> <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other </div>		
Name of Vendor					Date of Transaction	
Street Address			City		State	Zip Code
Purpose of Expenditure (by code)	Description				Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Yes No	Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum						
Total of Section P						

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

Dan Malloy For Connecticut

July 10 Filing - Original

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

Name of Creditor

Date Incurred

Street Address

City

State

Zip Code

Purpose of Expenditure
(bv code)

Description

Amount Incurred
(Estimate or Actual)Is this expenditure coordinated with another candidate for which
reimbursement is sought?

Yes

No

Expenditure #
(if applicable)

Event #

If yes, assign an Expenditure # and completes Itemization in Addendum Q

Total of Section Q

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original
R. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant Mandell	First Michael	MI	Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # 282 <input type="checkbox"/> Debit Card
Secondary Payee Michael Mandell				
Street Address 196 Woodrow Dr Apt D		City West Hartford		State CT
				Zip Code 06107
Purpose of Expenditure (by code) TRVL	Description			Amount \$118.63
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Expenditure # (if applicable)	
If yes, assign an Expenditure # and completes Itemization in Addendum R			Event #	

Last Name of Worker/Consultant Mandell	First Michael	MI	Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # 282 <input type="checkbox"/> Debit Card
Secondary Payee Google				
Street Address 111 8th Ave		City New York		State NY
				Zip Code 10011
Purpose of Expenditure (by code) WEB	Description			Amount \$62.89
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Expenditure # (if applicable)	
If yes, assign an Expenditure # and completes Itemization in Addendum R			Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original
R. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant Hallinan	First James	MI	Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # 264 <input type="checkbox"/> Debit Card
Secondary Payee Connecticut Democratic State Central Committee				
Street Address 30 Arbor St	City Hartford		State CT	Zip Code 06106
Purpose of Expenditure (by code) WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Expenditure # (if applicable)	Event #	\$469.48
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Hallinan	First James	MI	Date of Payment 06/30/2014	Method of Payment <input checked="" type="checkbox"/> Check # 264 <input type="checkbox"/> Debit Card
Secondary Payee James Hallinan				
Street Address 53 Loomis Dr Apt 1	City West Hartford		State CT	Zip Code 06107
Purpose of Expenditure (by code) TRVL	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Expenditure # (if applicable)	Event #	\$187.58
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original
R. Itemization of Reimbursements to Committee Workers and Consultants	

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Blair	Jonathan		06/30/2014	<input checked="" type="checkbox"/> Check # 274 <input type="checkbox"/> Debit Card
Secondary Payee Connecticut Democratic State Central Committee				
Street Address		City		State Zip Code
30 Arbor St		Hartford		CT 06105
Purpose of Expenditure (by code) WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Expenditure # (if applicable) Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
				\$498.24

Last Name of Worker/Consultant	First	MI	Date of Payment	Method of Payment
Mandell	Michael		06/30/2014	<input checked="" type="checkbox"/> Check # 275 <input type="checkbox"/> Debit Card
Secondary Payee Connecticut Democratic State Central Committee				
Street Address		City		State Zip Code
30 Arbor St		Hartford		CT 06105
Purpose of Expenditure (by code) WAGE	Description			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Expenditure # (if applicable) Event #	
If yes, assign an Expenditure # and completes Itemization in Addendum R				
				\$424.51

Total of Section R	\$1,761.33
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IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
Dan Malloy For Connecticut	July 10 Filing - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient				
Street Address	City	State	Zip Code	Original Purchase Amount of Item
Description of Item				

Total of Section S