

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 41

**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Lamont For Governor</b>					<input checked="checked" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Elvira</b>	MI <b>M</b>	Last <b>Albert</b>	Suffix		
4. TREASURER ADDRESS						
Street Address <b>38 Klondike Ave</b>		City <b>Stamford</b>		State <b>CT</b>	Zip Code <b>06907</b>	
5. ELECTION DATE		6. OFFICE SOUGHT ( if applicable )			7. DISTRICT CODE ( if applicable )	
<b>11/02/2010</b>		<b>Governor</b>				
8. CANDIDATE NAME						
Title	First <b>Edward</b>	MI <b>M</b>	Last <b>Lamont</b>	Suffix		
9. TYPE OF REPORT						
<b>October 10 Filing - Original</b>						
10. PERIOD COVERED						
Beginning Date                      Ending Date						
<b>09/03/2010</b> thru <b>09/30/2010</b>						
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 <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.						
<b>Electronic Filing</b>		<b>Elvira Albert</b>		<b>10/07/2010</b>		
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	
<b>Lamont For Governor</b>	Original 10/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$9,047.69</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$150.00</b>	<b>\$512,114.20</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$2,480.33</b>
16. Other Monetary Receipts (Section D-I)	<b>\$68,751.43</b>	<b>\$9,123,874.48</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$68,901.43</b>	<b>\$9,638,469.01</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$77,949.12</b>	<b>\$9,638,469.01</b>
20. Expenses Paid by Committee (Section N)	<b>\$77,772.78</b>	<b>\$9,638,292.67</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$176.34</b>	<b>\$176.34</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$0.00</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$30,728.52</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$100.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$100.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$0.00</b>	<b>\$0.00</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$239,809.82</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$26.97</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$26.97</b>	

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> (See instructions for definition of Small Contributor)	<b>Subtotal Section A</b> <b>\$0.00</b>

**B. Itemized Contributions from Individuals**

Last Name Pelletier	First Name Claire	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1241	Amount of Contribution
Residential Street Address 10051 NW 99th Ave	City Medley	State FL	Zip Code 33178-1161	Date Received 09/05/2010		
Principal Occupation seller	Name of Employer DERT	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 \$35.00		
\$5.00						
Last Name Pelletier	First Name Claire	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1242	Amount of Contribution
Residential Street Address 10051 NW 99th Ave	City Medley	State FL	Zip Code 33178-1161	Date Received 09/05/2010		
Principal Occupation seller	Name of Employer DERT	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 \$35.00		
\$5.00						
Last Name Pelletier	First Name Claire	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1243	Amount of Contribution
Residential Street Address 10051 NW 99th Ave	City Medley	State FL	Zip Code 33178-1161	Date Received 09/05/2010		
Principal Occupation seller	Name of Employer DERT	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 \$35.00		
\$25.00						
Last Name Brou	First Name Sandrine	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1244	Amount of Contribution
Residential Street Address 10051 NW 99th Ave	City Medley	State FL	Zip Code 33178-1161	Date Received 09/05/2010		
Principal Occupation seller	Name of Employer ISTC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00		
\$25.00						







## I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

### B. Itemized Contributions from Individuals

Last Name dupuis		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 # 1247	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley		State FL	Zip Code 33178-1161		Date Received 09/10/2010	
Principal Occupation seller		Name of Employer sde			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		\$500

**Total of Section B**

**\$150.00**

**TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS**

(Sections A & B)

(Total on Line 14 of Summary Page)

**\$150.00**

**I. MONETARY RECEIPTS (Section A-I)**

NAME OF COMMITTEE					FILING DUE DATE	
Lamont For Governor					Original 10/12/2010	
<b>C1. Contributions from Other Committees</b>						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes      If yes, list Event # No	Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions		
<b>Total of Section C1</b>						



<b>I. MONETARY RECEIPTS (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				Original 10/12/2010
<b>C2. Reimbursements or Payments from other Committees</b>				
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	
<b>Total of Section C2</b>				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

**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 10/12/2010	
<b>E. Personal Funds of the Candidate Received this Period</b>			
Date Received 09/07/2010	Amount \$40,000.00	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Date Received 09/30/2010	Amount \$23,000.00	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	
Total of Section E			<b>\$63,000.00</b>

**I. MONETARY RECEIPTS (Section A-I)**

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

<b>I. Monetary Receipts (Section A-I)</b>				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				Original 10/12/2010
<b>G. Interest from Deposits in Authorized Accounts</b>				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
<b>Total of Section G</b>				

<b>I. MONETARY RECEIPTS (Section A-K)</b>			
NAME OF COMMITTEE			FILING DUE DATE
Lamont For Governor			Original 10/12/2010
<b>H. Public Grant Funds Received from the Citizen's Election Fund</b>			
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		
<b>Total of Section H</b>			



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name Jared Kupiec	Date of Transaction 09/21/2010		Amount Received          \$55.00
Street Address 1458 Boulevard	City West Hartford	State CT	
Description Purchase of Printer, Scanner, Toner		Zip Code 06119-2220	

Name Christopher Pitts	Date of Transaction 09/21/2010		Amount Received          \$60.00
Street Address 11 N Canterbury Rd	City Canterbury	State CT	
Description Purchase of cell phones		Zip Code 06331-1209	

Name Healy Photos	Date of Transaction 09/23/2010		Amount Received          \$100.00
Street Address 837 May St	City Naugatuck	State CT	
Description Lost Check Voided		Zip Code 06770-3442	

Name 20 North Main Street, LLC	Date of Transaction 09/23/2010		Amount Received          \$650.00
Street Address 501 Kings Hwy E	City Fairfield	State CT	
Description Lost Check 1551 Voided		Zip Code 06825	

Name 20 North Main Street, LLC	Date of Transaction 09/23/2010		Amount Received          \$650.00
Street Address 501 Kings Hwy E	City Fairfield	State CT	
Description Lost Check 1551 Voided		Zip Code 06825	



**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name		Date of Transaction		Amount Received
Postmaster of Stamford		09/29/2010		
Street Address	City	State	Zip Code	
317 West Ave	Stamford	CT	06902-9993	
Description				\$99.50
p.o. box rental refund				

Name		Date of Transaction		Amount Received
Alexander Killeffer		09/29/2010		
Street Address	City	State	Zip Code	\$75.00
6 Bittersweet Trl	Norwalk	CT	06853-1201	
Description				
Purchase of LFG Laptop				

Name		Date of Transaction		Amount Received
John Hedgecoth		09/29/2010		
Street Address	City	State	Zip Code	\$65.00
4850 E Hull Ave	Des Moines	IA	50317-5006	
Description				
Purchase of LFG Office Supplies				

Name		Date of Transaction		Amount Received
Alexis Gomez		09/29/2010		
Street Address	City	State	Zip Code	\$4.00
458 Marvin Ave	Hackensack	NJ	07601-1128	
Description				
Voided Check				

Name		Date of Transaction		Amount Received
Seth Bannon		09/29/2010		
Street Address	City	State	Zip Code	\$338.55
54 Wauwinet Ct	Guilford	CT	06437-1101	
Description				
Sale of Surplus Equipment and Office Supplies				

**I. MONETARY RECEIPTS (Section A-K)**

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

**I. Miscellaneous Monetary Receipts not Considered Contributions**

Name Seth Bannon		Date of Transaction 09/29/2010		Amount Received
Street Address 54 Wauwinet Ct	City Guilford	State CT	Zip Code 06437-1101	
Description Sale of Surplus Equipment and Office Supplies				
				\$102.00
Name Seth Bannon		Date of Transaction 09/29/2010		Amount Received
Street Address 54 Wauwinet Ct	City Guilford	State CT	Zip Code 06437-1101	
Description Sale of Surplus Equipment and Office Supplies				
				\$269.75
Total of Section I				\$5,751.43

## II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Lamont For Governor	Original 10/12/2010

### 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? <div>Yes</div> <div>No</div>					
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <div>Yes</div> <div>No</div>					
Was this fundraiser a tag sale, auction, or other sale of donated items? <div>Yes</div> <div>No</div>					

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

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

Name of the Purchaser      Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment: <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Cash</span> <span>Personal Check</span> <span>Credit/Debit Card</span> </div>				Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							
<b>Total of Section J2</b>							

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

### J3. In-Kind Donations Not Considered Contributions

Name of the Donor				Donation Given by: Individual      Business Entity		Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event		
Description of Donation		Date Received	Event #			
<b>Total of Section J3</b>						

### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor						Original 10/12/2010	
<b>K. In-Kind Contributions</b>							
Name					Date Received		Fair Market Value of this Contribution
Street Address		City	State	Zip Code			
Type of Contributor:	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	Is contributor a principal of a state contractor or prospective state contractor?			Yes	
Individual		No	If yes, indicate which branch or branches of government the contract is with:			No	
Committee			Executive			Legislative	
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes	Description of In-Kind Contribution			Aggregate contributions	
		No					
<b>Total of Section K</b>							

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

#### 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 10/12/2010	
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>					
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 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					09/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Wire <input type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description					Event #		
Bank Charge							
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		
							\$42.37
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					09/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Wire <input type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description					Event #		
Bank Charge							
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		
							\$5.80
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					09/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Wire <input type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description					Event #		
Bank Charge							
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		
							\$470.89

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Chase Card Services					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	
PO Box 15153		Wilmington	DE	19886-5153	CCP	<input type="checkbox"/> Debit Card	
Description						Event #	
Credit card payment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes			Other Candidate(s) Name		Office Sought		
<input checked="" type="checkbox"/> No							
\$21,508.34							
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	
410 Greenwich Ave		Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card	
Description						Event #	
Bank Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes			Other Candidate(s) Name		Office Sought		
<input checked="" type="checkbox"/> No							
\$12.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Trilogy Interactive, LLC					09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1264</u>	
1508 W Sunnyside Ave		Chicago	IL	60640	WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Website Hosting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes			Other Candidate(s) Name		Office Sought		
<input checked="" type="checkbox"/> No							
\$500.00							

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount						
People's Bank United					09/09/2010	<input checked="" type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>								
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card								
Description						Event #							
Bank Charge													
Is this expenditure coordinated with another candidate for which reimbursement is sought? <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Yes</td> <td style="width: 33%;">Other Candidate(s) Name</td> <td style="width: 33%;">Office Sought</td> </tr> <tr> <td><input checked="" type="checkbox"/> No</td> <td></td> <td></td> </tr> </table>								<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought	<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes	Other Candidate(s) Name	Office Sought											
<input checked="" type="checkbox"/> No													
							\$110.00						

Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK	<input type="checkbox"/> Debit Card		
Description						Event #	
Bank Charge							
<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>							
							\$3.57

Name of Payee				Date of Payment	Method of Payment	Amount
Lexham Avon, LLC				09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1263</u>	
PO Box 33633	Hartford	CT	06150	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
Rent						
<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>						
\$1,000.00						

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Park Group Solutions, LLC					09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1265</u>		
500 Purdy Hill Rd Ste 7	Monroe	CT	06468-1661	A-SIGN	<input type="checkbox"/> Debit Card		
Description						Event #	
Billboard							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$865.00

Name of Payee					Date of Payment	Method of Payment	Amount
Michael Joseph Buckley					09/09/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1266</u>		
1151 Chapel St	New Haven	CT	06511	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$780.00

Name of Payee					Date of Payment	Method of Payment	Amount
City and State, LLC					09/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1268</u>		
260 France St	Rocky Hill	CT	06067-2916	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Consulting							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name						Office Sought	\$5,000.00

#### IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
City and State, LLC				09/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1268</u>	
260 France St	Rocky Hill	CT	06067-2916	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
Telephone						
<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>						
\$300.00						

Name of Payee				Date of Payment	Method of Payment	Amount
Connecticut Light and Power				09/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1269</u>	
PO Box 150493	Hartford	CT	06115-0493	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
electricity						
<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>						
						\$54.14

Name of Payee				Date of Payment	Method of Payment	Amount
LeBlanc Communications Group				09/14/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1267</u>	
38 High Ridge Rd	West Redding	CT	06896-2019	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
Phones						
<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>						
						\$1,874.94

#### IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Lamont For Governor							Original 10/12/2010		
N. Expenses Paid By Committee									
Name of Payee					Date of Payment		Method of Payment		Amount
Gabe Rosenberg					09/15/2010		<input checked="" type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		<u>1262</u>	
270 Thorton St		Hamden		CT	06517	CNSLT		<input type="checkbox"/> Debit Card	
Description							Event #		\$4,125.00
Consultant									
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 Payee					Date of Payment		Method of Payment		Amount
Olympia Properties LLC					09/17/2010		<input checked="" type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		<u>1270</u>	
142 Temple St Ste 304		New Haven		CT	06510	OVHD		<input type="checkbox"/> Debit Card	
Description							Event #		\$6,355.00
Rent									
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 Payee					Date of Payment		Method of Payment		Amount
20 North Main Street, LLC					09/23/2010		<input checked="" type="checkbox"/> Check #		
Street Address		City		State	Zip Code	Purpose of Expenditure		<u>1273</u>	
501 Kings Hwy E		Fairfield		CT	06825	OVHD		<input type="checkbox"/> Debit Card	
Description							Event #		\$2,003.83
Rent and Utilities									
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name			Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									

#### IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Lexham Avon, LLC					09/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1274</u>	
PO Box 33633		Hartford	CT	06150	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	\$2,500.00
Rent Sept							
Is this expenditure 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					Date of Payment	Method of Payment	Amount
Healy Photos					09/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1271</u>	
837 May St		Naugatuck	CT	06770-3442	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	\$100.00
Photography							
Is this expenditure 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					Date of Payment	Method of Payment	Amount
Express Parking					09/23/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1272</u>	
96 Orange St		New Haven	CT	06510-3109	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	\$4,621.60
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		

## IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee <b>Seth Bannon</b>					Date of Payment <b>09/29/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>54 Wauwinet Ct</b>	City <b>Guilford</b>	State <b>CT</b>	Zip Code <b>06437-1101</b>	Purpose of Expenditure <b>Misc *</b>	<b>1275</b> <input type="checkbox"/> Debit Card		
Description <b>Replace lost checks</b>					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	<b>\$710.30</b>	
Name of Payee <b>Charles Monaco</b>					Date of Payment <b>09/30/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>31 E 12th St Apt 7C</b>	City <b>New York</b>	State <b>NY</b>	Zip Code <b>10003-4625</b>	Purpose of Expenditure <b>CNSLT</b>	<b>1279</b> <input type="checkbox"/> Debit Card		
Description <b>Consultant</b>					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	<b>\$8,000.00</b>	
Name of Payee <b>Elvira Albert</b>					Date of Payment <b>09/30/2010</b>	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address <b>38 Klondike Ave</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06907</b>	Purpose of Expenditure <b>CNSLT</b>	<b>1280</b> <input type="checkbox"/> Debit Card		
Description <b>Consultant</b>					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  	<b>\$3,850.00</b>	



## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor						Original 10/12/2010	
<b>N. Expenses Paid By Committee</b>							
Name of Payee					Date of Payment	Method of Payment	Amount
Olympia Properties LLC					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1276</u>	<input type="checkbox"/> Debit Card	
142 Temple St Ste 304	New Haven	CT	06510	OVHD			
Description					Event #		\$6,355.00
Rent							
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 Payee					Date of Payment	Method of Payment	Amount
Lexham Avon, LLC					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1278</u>	<input type="checkbox"/> Debit Card	
PO Box 33633	Hartford	CT	06150	OVHD			
Description					Event #		\$2,500.00
Rent							
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 Payee					Date of Payment	Method of Payment	Amount
Gabe Rosenberg					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1277</u>	<input type="checkbox"/> Debit Card	
270 Thorton St	Hamden	CT	06517	CNSLT			
Description					Event #		\$4,125.00
Consultant							
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							
<b>Total of Section N</b>						<b>\$77,772.78</b>	

# IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Lamont For Governor						Original 10/12/2010		
O. Campaign Expenses Paid By Candidate								
Name of Payee					Date of Payment	Is Reimbursement Claimed?	Amount	
Street Address			City		State	Zip Code		Yes No
Purpose of Expenditure	Description				Event #			
Total of Section O								

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Lamont For Governor					Original 10/12/2010	
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

<b>NAME OF COMMITTEE</b>							<b>FILING DUE DATE</b>			
Lamont For Governor							Original 10/12/2010			
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>										
Name of Creditor AT&T						Date Incurred 09/30/2010		Event # 		Amount Incurred (Estimate or Actual)
Street Address PO Box 8110				City Aurora			State IL	Zip Code 60507		
Purpose of Expenditure  OVHD	Description  Telephone - final									
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									\$26.97	
<b>Total of Section Q</b>								<b>\$26.97</b>		

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant CardLab, Inc.		Date of Payment 09/14/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee Matt Creamer		Purpose of Expenditure Misc *		<input checked="" type="checkbox"/> Debit Card		
Street Address 617 Old Colchester Rd		City Uncasville		State CT		
Zip Code 06382-2094		Event #				
<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></div> </div> <div> <div>Office Sought</div> <div></div> </div>						
						\$60.00

Name of Worker/Consultant CardLab, Inc.		Date of Payment 09/14/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee John Jeffords		Purpose of Expenditure Misc *		<input checked="" type="checkbox"/> Debit Card		
Street Address 70 Cottonwood Ln		City Uncasville		State CT		
Zip Code 06382		Event #				
<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></div> </div> <div> <div>Office Sought</div> <div></div> </div>						
						\$60.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant CardLab, Inc.		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee David Paul		Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 45 Garfield Ave	City New London	State CT	Zip Code 06320-5208	
Description Stipend			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$60.00

  

Name of Worker/Consultant CardLab, Inc.		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Jared Kupiec		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1458 Boulevard	City West Hartford	State CT	Zip Code 06119-2220	
Description Mileage			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$300.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant CardLab, Inc.		Date of Payment 09/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee AT&T		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507	
Description Telephone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$100.00

  

Name of Worker/Consultant CardLab, Inc.		Date of Payment 09/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee AT&T		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507	
Description Telephone			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$100.00

# IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	Original 10/12/2010

## R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant CardLab, Inc.		Date of Payment 09/19/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee AT&T		Purpose of Expenditure OVHD		<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 8110		City Aurora		State IL		
Zip Code 60507		Event #				
Description Telephone						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$600.00
Total of Section R						\$1,280.00



IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Lamont For Governor				Original 10/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient Bill Meyers				Original Purchase Amount of Item        \$115.00
Street Address PO Box 5087	City Milford	State CT	Zip Code 06460-1487	
Description Tables and Chairs Pmt for Clean-up services				
Name of Recipient Daniel J Gross				Original Purchase Amount of Item        \$75.00
Street Address 94 William St Apt 1	City New Haven	State CT	Zip Code 06511-4939	
Description Acer Laptop for Pmt of Clean up services				
Total of Section S				<b>\$190.00</b>