

Electronic Filing

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			SUM	IMARY	PAGE			
1.NAME OF COMMITTEE							2. TY	PE OF COMMITTEE
Lamont For Governor							x	Candidate Committee Exploratory Committee
3. TREASURER NAME				-			•	
Title	First Elvira			MI M	Last Albert			Suffix
4. TREASURER ADDRESS				-		1		
Street Address 38 Klondike Ave			City Stam	ford		State CT		Zip Code 06907
5. ELECTION DATE			6. (OFFICE SOU	GHT (if applicable)	•	7. DISTR	RICT CODE (if applicable)
11/02/2010		Governor						
8. CANDIDATE NAME		1		-	-		<u>1</u>	·
Title	Title First MI Last Suffix Edward M Lamont Suffix							
9. TYPE OF REPORT				•	•			
October 10 Filing - Ori	ginal							
10. PERIOD COVERED								
		Beginning Date			Ending Date			
		09/03/2010	thr	u	09/30/2010			
			11. CEF	RTIFICATION	٩			
	zed Campaig				ll of the information set forth e period covered is true,			
Electronic Filing		Elvira Albert			10/0	07/2010		
SIGNATURE		PRINT NAME OF TH	E SIGNI	ER		E CERTIFIED)	
					BLE BY FINE NOT TO EXCEED HAN ONE YEAR, OR BOTH.)		

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS		
NAME OF COMMITTEE	FILING DUE DATE	
Lamont For Governor	Original 10/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$9,047.69	
14. Contributions received from Individuals (Section A and B)	\$150.00	\$512,114.20
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$2,480.33
16. Other Monetary Receipts (Section D-I)	\$68,751.43	\$9,123,874.48
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$68,901.43	\$9,638,469.01
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$77,949.12	\$9,638,469.01
20. Expenses Paid by Committee (Section N)	\$77,772.78	\$9,638,292.67
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$176.34	\$176.34
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$0.00	\$30,728.52
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$100.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c Payments on Loan(s)	\$0.00	\$100.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$239,809.82
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$26.97	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$26.97	

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		I. N	IONETARY RE	CEIPTS	6 (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Lamont For Governor									Origina	al 10/12/2010
A. Total Contributions from (See instructions for definition of Small		Contribu	itors-Received th	is Perio		z total Section A	\$0.00			
		B. It	emized Contributi	ons fron	ı Individu	ials				
Last Name Pelletier	First Name Claire	-		MI	Cash		ıl Check Debit Card	Contribution 1241	ID#	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161		Date Received		
Principal Occupation seller		Name of E	mployer		•	Is this contribution ass fundraising event lister If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob 'es	byist?	Aggro	egate Contributio \$3	^{ons} 35.00	\$5.00
Last Name Pelletier	First Name Claire			MI	Cash	=	ıl Check Debit Card	Contribution 1242	ID#	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161		Date Received		
Principal Occupation seller		Name of E	mployer			Is this contribution ass fundraising event listed If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob 7es X	byist?	Aggro	egate Contributio \$3	^{ons} 35.00	\$5.00
Last Name Pelletier	First Name Claire			MI	Cash	=	ıl Check Debit Card	Contribution 1243	ID#	Amount of Contribution
Residential Street Address 10051 NW 99th Ave	-	City Medley			State FL	Zip Code 33178-1161		Date Received		
Principal Occupation seller		Name of E	mployer		-	Is this contribution ass fundraising event listed If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ⁷ es X	byist?	Aggro	egate Contributio \$3	^{ons} 35.00	\$25.00
Last Name Brou	First Name Sandrine			MI	Cash	=	ıl Check Debit Card	Contribution 1244	ID#	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161		Date Received		
Principal Occupation seller		Name of E	mployer		-	Is this contribution ass fundraising event listed If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyis child of a lob 'es X	byist?	Aggro	egate Contributio \$2	^{ons} 25.00	\$25.00

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		I. M	IONETARY RE	CEIPTS	6 (Sectio	n A-I)			
NAME OF COMMITTEE								FILIN	G DUE DATE
Lamont For Governor								Origir	nal 10/12/2010
		B. It	emized Contributi	ons from	ı Individu	ıals			
Last Name Nadege	First Name Kemah			MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 124	tribution ID # 15	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		^{City} Medley			State FL	Zip Code 33178-1161	Date Rec 09/05/		
Principal Occupation seller		Name of Er FREAT	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate Co	ontributions \$25.00	\$25.00
Last Name dupuis	First Name denise			MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 124	tribution ID # 19	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		^{City} Medley			State FL	Zip Code 33178-1161	Date Rec 09/08/		
Principal Occupation seller		Name of Er sde	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes X	byist?	Aggregate Co	ontributions \$25.00	\$10.00
Last Name dupuis	First Name denise			MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 125	ribution ID #	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		^{City} Medley			State FL	Zip Code 33178-1161	Date Rec 09/08/		
Principal Occupation seller		Name of Er sde	nployer		-	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob ⁷ es X	byist?	Aggregate Co	ontributions \$25.00	\$5.00
Last Name dupuis	First Name denise			MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 125	tribution ID #	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161	Date Rec 09/08/	2010	-
Principal Occupation seller		Name of Er sde				Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob 'es	byist?	Aggregate Co	ontributions \$25.00	\$5.00

		I. N	IONETARY RE	CEIPTS	6 (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Lamont For Governor									Origin	al 10/12/2010
		B. It	emized Contribution	ons from	Individu	als				
Last Name	First Name			МІ	Method of	contribution:		Contributio	on ID #	
dupuis	denise				Cash	Order X Credit/Det		1255	JII 112 #	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161		ate Received 9/08/2010	.	
		,				Is this contribution associa			7	
Principal Occupation seller		Name of Er sde	npioyei			fundraising event listed in If yes, list Event #		L1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu	tions	\$5.00
Last Name dupuis	First Name denise	1		MI	Cash	contribution: Personal C Order X Credit/Det		Contributio	on ID #	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161		ate Received 9/09/2010)	
Principal Occupation seller		Name of Er sde	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		11? L	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	ttions \$40.00	\$5.00
Last Name dupuis	First Name denise	-		MI	Cash	contribution: Personal C Order X Credit/Det		Contributio	on ID #	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161		ate Received 9/09/2010)	
Principal Occupation seller		Name of Er sde	nployer			Is this contribution associated in fundraising event listed in If yes, list Event #		L19	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob es X	byist?	Aggre	gate Contribu \$	ttions	\$5.00
Last Name dupuis	First Name denisea			MI	Cash	contribution: Personal C v Order X Credit/Det		Contributio	on ID #	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161		ate Received 9/09/2010		
Principal Occupation seller		Name of Er DSF	nployer			Is this contribution association fundraising event listed in If yes, list Event #		11? L	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob res	byist?	Aggre	gate Contribu	ttions \$5.00	\$5.00

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		I. M	ONETARY RE	CEIPTS	6 (Sectio	n A-I)			
NAME OF COMMITTEE								FILIN	G DUE DATE
Lamont For Governor								Origin	al 10/12/2010
		B. Ite	emized Contributi	ons from	ı Individu	ials			
Last Name dupuis	First Name denise			MI	Cash	contribution: Personal C Order X Credit/Deb	heck 12	ntribution ID # 53	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		^{City} Medley			State FL	Zip Code 33178-1161	Date Rev 09/09,		
Principal Occupation seller		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No		utor a lobbyist child of a lob 'es X	byist?	Aggregate C	Contributions \$40.00	\$5.00
Last Name dupuis	First Name denise			MI	Cash	contribution: Personal C Order X Credit/Deb	heck 12	ntribution ID # 50	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		^{City} Medley			State FL	Zip Code 33178-1161	Date Rev 09/10,		
Principal Occupation seller		Name of En	nployer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob 'es X	byist?	Aggregate C	Contributions \$60.00	\$5.00
Last Name dupuis	First Name denise			MI	Cash	contribution: Personal C / Order X Credit/Deb	heck 12	ntribution ID #	Amount of Contribution
Residential Street Address 10051 NW 99th Ave		City Medley			State FL	Zip Code 33178-1161	Date Rev 09/10,		
Principal Occupation seller		Name of En sde	nployer		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyist child of a lob Yes	byist?	Aggregate C	Contributions \$60.00	\$5.00
Last Name dupuis	First Name denise			MI	Method of Cash	contribution: Personal C v Order X Credit/Deb	heck 124	ntribution ID # 46	Amount of Contribution
Residential Street Address 10051 NW 99th Ave Principal Occupation		City Medley Name of En	nployer		State FL	Zip Code 33178-1161 Is this contribution associa			
seller		sde				fundraising event listed in If yes, list Event #	1	X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Yes X No		utor a lobbyist child of a lob Yes	byist?	Aggregate C	ontributions \$60.00	\$5.00

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I. MONETARY RECEIPTS (Section A-I) FILING DUE DATE NAME OF COMMITTEE Lamont For Governor Original 10/12/2010 **B.** Itemized Contributions from Individuals First Name MI Method of contribution: Last Name Contribution ID # Amount of Personal Check Cash dupuis denise Contribution 1247 Credit/Debit Card Money Order x Date Received Residential Street Address City Zip Code State 09/10/2010 10051 NW 99th Ave Medley FL 33178-1161 Is this contribution associated with a Principal Occupation Name of Employer Yes fundraising event listed in Section J1? sde seller X No If yes, list Event # Yes X No Is contributor a lobbyist, spouse, or Is contributor a principal of a state contractor or prospective Aggregate Contributions state contractor? dependent child of a lobbyist? \$60.00 \$5.00 Is yes, indicate which branch or branches of Yes Executive Legislative X No government the contract is with: **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. 1	MONE	TAI	RY RECEIP	TS (S	ection A-I)				
NAME OF COMMITTEE							FILING	DUE DATE	
Lamont For Governor							Original	10/12/2010	
C1. Co	C1. Contributions from Other Committees								
Name of Committee					Name of Treasurer				
Address	_		Is this contribution associated with a Yes If yes, list Event fundraising event listed in Section J1? No				#	Amount of Contribution	
City	State	Zip	Code	Date R	eceived	Aggregate Contributions			
				•		Total of S	Section C1		

I. MONETA	ARY RECH	EIPTS (Section	A-I)			
NAME OF COMMITTEE				FILIN	IG DUE DATE	
Lamont For Governor Orig						
C2. Reimbursemen						
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	n C2		

	I. MONETARY RECEIPTS (Sec	tion A-K))				
NAME OF COMMITTEE					FILING	DUE DATE	
Lamont For Governor	Original	Original 10/12/2010					
	D. Loans Received this Period						
Name of Lender				Source of Louin	Is there a cosigner or Guarantor of	Amount Received	
Street Address	City	State	Zip Code		this loan? Yes		
Name of Cosigner/Guarantor				Other Committee	No		
Street Address	City	State	Zip Code	Date Received			
Total of Section D							

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I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE				FILING DUE DATE				
Lamont For Governor				Original 10/12/2010				
E. Personal Funds of the Candidate Received this Period								
Date Received 09/07/2010	Amount \$40,000.0	Method of Payment	Personal Check	Credit/Debit Card				
Date Received 09/30/2010	Amount \$23,000.0	Method of Payment	Personal Check	Credit/Debit Card				
			Total	of Section E \$63,000.00				

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTE	FILING DUE DATE						
Lamont For Governor					Original 10/12/2010		
Date Received \$ 1 bills \$ 5 bills \$ 10 bill coins					Amount		

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

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE				FILING DUE DATE			
Lamont For Governor				Original 10/12/2010			
H. Public Grant Funds Received from the Citizen's Election Fund							
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independo Primary	ent Expenditure General or Special Election	Date Received	Amount			
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Ex Primary	xpenditure General or Special Election					
			Total of Section	н			

	I. MONETARY RECEIPTS (Se	ction A-K)			
NAME OF COMMITTEE			F	ILING DUE DATE	
Lamont For Governor			O	Original 10/12/2010	
I. Misce	llaneous Monetary Receipts not Consid	ered Contributions			
Name Hartford Courant		Date of Trans 09/09/202		Amount Received	
Street Address 285 Broad St	City Hartford	State CT	Zip Code 06105-3719		
Description Subscription refund				\$10.08	
Name Cablevision of CT		Date of Trans 09/09/201		Amount Received	
Street Address 28 Cross St	City Norwalk	State CT	Zip Code 06851-4632		
Description Internet and Phone Refund			00051 4052	\$334.55	
Name Markel Insurance Company		Date of Trans 09/14/20		Amount Received	
Street Address PO Box 79652	City Baltimore	State MD	Zip Code 21279-0652		
Description Refund of Overpayment				\$1,638.00	
Name Dasilva Realty		Date of Trans 09/17/202		Amount Received	
Street Address 288 Main St	City Danbury	State CT	Zip Code 06810-2600		
Description Rent refund				\$800.00	
Name Mack Crounse Group		Date of Trans 09/17/202		Amount Received	
Street Address 2001 N Beauregard St Ste 420	City Alexandria	State VA	Zip Code 22311-1750		
Description Refund for Sample Ballots				\$500.00	

I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE				FILIN	IG DUE DATE		
Lamont For Governor				Origi	nal 10/12/2010		
I. Miscellaneous Monetary Receipts not Considered Contributions							
Name Jared Kupiec		Date of Tran 09/21/20			Amount Received		
Street Address 1458 Boulevard Description	City West Hartford	State CT	Zip Code 06119-2220				
Purchase of Printer, Scanner, Toner					\$55.00		
Name Christopher Pitts		Date of Tran 09/21/20			Amount Received		
Street Address 11 N Canterbury Rd	City Canterbury	State CT	Zip Code 06331-1209				
Description Purchase of cell phones					\$60.00		
Name Healy Photos		Date of Tran 09/23/20			Amount Received		
Street Address 837 May St	City Naugatuck	State CT	Zip Code 06770-3442				
Description Lost Check Voided		1			\$100.00		
Name 20 North Main Street, LLC		Date of Tran 09/23/20			Amount Received		
Street Address 501 Kings Hwy E	City Fairfield	State CT	Zip Code 06825				
Description Lost Check 1551 Voided					\$650.00		
Name 20 North Main Street, LLC		Date of Tran 09/23/20			Amount Received		
Street Address 501 Kings Hwy E	City Fairfield	State CT	Zip Code 06825				
Description Lost Check 1551 Voided			•		\$650.00		

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 Postmaster of Stamford		Date of Tran 09/29/20		Amount Received			
Street Address 317 West Ave Description	City Stamford	State CT	Zip Code 06902-9993				
p.o. box rental refund				\$99.50			
Name Alexander Killeffer		Date of Tran 09/29/20		Amount Received			
Street Address 6 Bittersweet Trl	City Norwalk	State CT	Zip Code 06853-1201				
Description Purchase of LFG Laptop				\$75.00			
Name John Hedgecoth		Date of Tran 09/29/20		Amount Received			
Street Address 4850 E Hull Ave	City Des Moines	State IA	Zip Code 50317-5006				
Description Purchase of LFG Office Supplies				\$65.00			
Name Alexis Gomez		Date of Tran 09/29/20		Amount Received			
Street Address 458 Marvin Ave	City Hackensack	State NJ	Zip Code 07601-1128				
Description Voided Check				\$4.00			
Name Seth Bannon		Date of Tran 09/29/20		Amount Received			
Street Address	City	State	Zip Code				
54 Wauwinet Ct Description	Guilford	СТ	06437-1101				
Sale of Surplus Equipment and Office Supplies				\$338.55			

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I. MONETARY RECEIPTS (Section A-K)							
NAME OF COMMITTEE				FILIN	NG DUE DATE		
Lamont For Governor				Origi	nal 10/12/2010		
I. Miscellaneous Mon	etary Receipts not Considered Contribu	itions					
Name Seth Bannon		Date of Trans 09/29/20			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 Trans 09/29/20			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 Sect	tion I	\$5,751.43		

II. FUNDRAISING EVENT ACTIVITY								
NAME OF						FILING	DUE	DATE
COMMITTEE Lamont For Goverr	nor					Original	10/12	2/2010
J1. Fundraising Event Information								
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
Was this fundraising event he	osted at a personal residence?		Yes		No		-	
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	1	No			

	II. FUNDRAISIN	G EVENT AC	ΓΙVITY				
NAME OF COMMITTEE					1	FILING	DUE DATE
Lamont For Governor					(Origina	al 10/12/2010
	J2. Proceeds from Tag Sale, A	uction, or Other	Sale of Dona	ted Items			
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment Cash	Personal Check	Credit/Debit (Card	Aggregate Amount of Purchases
Residential Street Address	Citv	State	Zip Code	Date Received	Event #		
Items Purchased		1	- 	1			
					Total of Secti	on J2	

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Lamont For Governor							Origin	al 10/12/2010		
J3. In-Ki	nd Donations Not Considered Contribut	ions								
Name of the Donor					Donation G Indivi		ess Entity	Fair Market Value of Donation		
Street Address	City		State	Zip	Code	Aggregate valu for this even				
Description of Donation	·	Date	Receive	• d	Event #					
						Total of Se	ction J3			

	III. NO	DNN	IONETARY RECEIPTS						
NAME OF COMMITTEE							FILING	DUE DATE	
Lamont For Governor							Original	I 10/12/2010	
K. In-Kind Contributions									
Name						Date Receive	ed	Fair Market Value of this Contribution	
Street Address		City	y	State	Zip Code				
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	Ye No	es contractor?	If yes, indicate which branch or branches of					
Is this contribution associated with a fund listed in Section J1? If yes, list Event#	raising event Yes	5	Description of In-Kind Contribution			Aggregate contr	ibutions		
						Total of	Section K		

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	MI Date Received		Amount of Deposit				
Street Address	City		State	Zip Code							
Name of Telephone company	Name of Telephone company										
Street Address	City S					Zip Code					
Total of Section L											

III. NONMONETARY RECEIPTS													
NAME OF COMMITTEE				F	ILING DUE DATE								
Lamont For Governor				0	riginal 10/12/2010								
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee													
Name of Committee													
Street Address		•	Date Notice Receive	d	Fair Market Value of Donation								
City	State	Zip Code Aggregate Donations											
Description of Donation Purpose of Expenditure A B C D E													
			Total of Secti	on M									

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Lamont For Governor						Origi	nal 10/12/2010	
N. Expenses Paid By Committee								
Name of Payee People's Bank United				Date of Payment 09/03/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>			
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	rd		
Description Bank Charge					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes								
X No							\$42.37	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
People's Bank United		-		09/03/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure				
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	ra		
Description Bank Charge					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	ame		Office Sought				
Yes X No							\$5.80	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
People's Bank United	1	-	<u> </u>	09/03/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>			
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	rd		
Description Bank Charge					Event #			
is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought?								
X No							\$470.89	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Lamont For Governor						Origi	nal 10/12/2010	
N. Expenses Paid By Committee								
Name of Payee Chase Card Services				Date of Payment 09/07/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire			
PO Box 15153	Wilmington	DE	19886-5153	ССР	Debit Car	ď		
Description Credit card payment			-		Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes								
X No				1	1		\$21,508.34	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
People's Bank United	i			09/07/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire			
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	ď		
Description Bank Charge					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought	•		•	
X No							\$12.00	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Trilogy Interactive, LLC	1			09/09/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1264</u>			
1508 W Sunnyside Ave	Chicago	IL	60640	WEB	Debit Car	ď		
Description Website Hosting					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	lame		Office Sought			\$500.00	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILE	NG DUE DATE	
Lamont For Governor						Origi	nal 10/12/2010	
	N. Expenses Paid By Committee							
Name of Payee People's Bank United		I	1	Date of Payment 09/09/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>			
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	ď		
Description Bank Charge					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes								
X No					-		\$110.00	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
People's Bank United	i			09/09/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	Wire			
410 Greenwich Ave	Greenwich	СТ	06830-6523	BNK	Debit Car	ď		
Description Bank Charge					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought				
Yes X No							\$3.57	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Lexham Avon, LLC				09/09/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1263</u>			
PO Box 33633	Hartford	СТ	06150	OVHD	Debit Car	ď		
Description					Event #			
Rent								
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought				
Yes X No							\$1,000.00	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Lamont For Governor						Origi	nal 10/12/2010	
N. Expenses Paid By Committee								
Name of Payee Park Group Solutions, LLC Street Address 500 Purdy Hill Rd Ste 7 Description Billboard	City Monroe	State CT	Zip Code 06468-1661	Date of Payment 09/09/2010 Purpose of Expenditure A-SIGN	Method of Payr X Check # 1265 Debit Car Event #		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	\$865.00							
Name of Payee Michael Joseph Buckley				Date of Payment 09/09/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	1266			
1151 Chapel St	New Haven	СТ	06511	CNSLT	Debit Car	ď		
Description consulting					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	lame		Office Sought			\$780.00	
Name of Payee City and State, LLC	-	-		Date of Payment 09/14/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1268</u>			
260 France St	Rocky Hill	СТ	06067-2916	CNSLT	Debit Car	ď		
Description Consulting					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	lame		Office Sought			\$5,000.00	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Lamont For Governor						Origi	nal 10/12/2010	
	N. Expenses Paid By Committee							
Name of Payee City and State, LLC Street Address 260 France St Description Telephone	City Rocky Hill	State CT	Zip Code 06067-2916	Date of Payment 09/14/2010 Purpose of Expenditure OVHD	Method of Pay X Check # 1268 Debit Cat Event #		Amount	
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No							\$300.00	
Name of Payee Connecticut Light and Power				Date of Payment 09/14/2010	Method of Pay	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1269</u>			
PO Box 150493	Hartford	СТ	06115-0493	OVHD	Debit Car	rd		
Description electricity					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	lame		Office Sought			\$54.14	
Name of Payee LeBlanc Communications Group		_		Date of Payment 09/14/2010	Method of Pay	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1267</u>			
38 High Ridge Rd	West Redding	СТ	06896-2019	OVHD	Debit Car	rd		
Description Phones					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	or Other Candidate(s) N	lame		Office Sought			\$1,874.94	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Lamont For Governor						Origi	nal 10/12/2010	
N. Expenses Paid By Committee								
Name of Payee Gabe Rosenberg Street Address 270 Thorton St Description Consultant	City Hamden	State CT	Zip Code 06517	Date of Payment 09/15/2010 Purpose of Expenditure CNSLT	Method of Pay X Check # 1262 Debit Can Event #		Amount	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	\$4,125.00							
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check #			
142 Temple St Ste 304	New Haven	ст	06510	OVHD	Debit Car	rd		
Description Rent		-			Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	lame		Office Sought			\$6,355.00	
Name of Payee 20 North Main Street, LLC				Date of Payment 09/23/2010	Method of Pay	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1273</u>			
501 Kings Hwy E	Fairfield	СТ	06825	OVHD	Debit Car	rd		
Description Rent and Utilities					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	lame		Office Sought			\$2,003.83	

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Lamont For Governor						Origi	nal 10/12/2010	
	N. Expenses Paid By Committee							
Name of Payee Lexham Avon, LLC				Date of Payment 09/23/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1274</u>			
PO Box 33633	Hartford	СТ	06150	OVHD	Debit Car	ď		
Description Rent Sept					Event #			
is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes							\$2,500.00	
X No				1	1		\$2,500.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Healy Photos			1	09/23/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1271</u>			
837 May St	Naugatuck	СТ	06770-3442	Misc *	Debit Car	ď		
Description Photography					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought				
X No							\$100.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Express Parking			1	09/23/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1272</u>			
96 Orange St	New Haven	СТ	06510-3109	TRVL	Debit Car	ď		
Description Parking					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	ame		Office Sought			\$4,621.60	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Lamont For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Seth Bannon Street Address 54 Wauwinet Ct Description Replace lost checks	City Guilford	State CT	Zip Code 06437-1101	Date of Payment 09/29/2010 Purpose of Expenditure Misc *	Method of Pay X Check # 1275 Debit Cat Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	Jame		Office Sought			\$710.30
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Charles Monaco				09/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1279</u>		
31 E 12th St Apt 7C	New York	NY	10003-4625	CNSLT	Debit Car	rd	
Description Consultant					Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes X No							\$8,000.00
Name of Payee Elvira Albert				Date of Payment 09/30/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1280</u>		
38 Klondike Ave	Stamford	СТ	06907	CNSLT	Debit Car	rd	
Description Consultant			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	Jame		Office Sought			\$3,850.00

IV. EXPENDITURES								
NAME OF COMMITTEE						FILI	NG DUE DATE	
Lamont For Governor						Origi	nal 10/12/2010	
	N. Expenses Paid By Commi	ittee						
Name of Payee Olympia Properties LLC				Date of Payment 09/30/2010	Method of Pays	ment	Amount	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1276</u>			
142 Temple St Ste 304	New Haven	СТ	06510	OVHD	Debit Car	rd		
Description			•		Event #			
Rent								
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought				
Yes X No							\$6,355.00	
Name of Payee				Date of Payment	Method of Pays	ment	Amount	
Lexham Avon, LLC				09/30/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1278</u>			
PO Box 33633	Hartford	СТ	06150	OVHD	Debit Car	rd		
Description Rent					Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought	1			
X No							\$2,500.00	
Name of Payee				Date of Payment	Method of Pay	ment	Amount	
Gabe Rosenberg				09/30/2010	X Check #			
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>1277</u>			
270 Thorton St	Hamden	СТ	06517	CNSLT	Debit Car	rd		
Description					Event #			
Consultant								
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought				
Yes							\$4,125.00	
No No					Total of Sec	ction N	\$77,772.78	

	IV.	EXPENDITURES				_		
NAME OF COMMITTE	EE						FILING DUE DATE	
Lamont For Governor							Origina	1 10/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee			~		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 C	ard:						
		Visa	Master Card	Discover	American				
		Other							
Name of Vendor					Date of Transaction	Amount			
Street Address		City	State	Zip Code					
Purpose of Expenditure	Description	L	Į		Event #				
	Total of Section P								

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IV. EXPENDITURES										
NAME OF CO	MMITTEE				FILING E	UE DATE				
Lamont For C	Governor				Original	0/12/2010				
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor			Date Incurred 09/30/2010	Event #		Amount Incurred (Estimate or				
Street Address PO Box 8110		City Aurora		State IL	Zip Code 60507	Actual)				
Purpose of Expenditure OVHD	Description Telephone - final									
Is this expenditure which reimburseme Yes X No	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$26.97				
				Total of	Section Q	\$26.97				

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IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	FILING DUE DATE		
Lamont For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Worl	kers and	Consultants					
Name of Worker/Consultant		Date of Pa		Method of Paym	ient	Amount		
CardLab, Inc.		09/14/	2010	Check #				
Secondary Payee Matt Creamer		Purpose o Misc *	f Expenditure	X Debit Care	1			
Street Address 617 Old Colchester Rd	City Uncasville	State CT		Zip Code 06382-2094	1	•		
Description Stipend			0.	Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$60.00		
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ient	Amount		
CardLab, Inc.		09/14/	2010	Check #				
Secondary Payee John Jeffords		Purpose o Misc *	of Expenditure	X Debit Card	1			
Street Address 70 Cottonwood Ln	City Uncasville	1	State CT	Zip Code 06382				
Description Stipend	1			Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
x No						\$60.00		

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IV. EXPENDITURES								
NAME OF COMMITTEE					FILN	NG DUE DATE		
Lamont For Governor					Origin	al 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ters and	Consultants					
Name of Worker/Consultant		Date of Pa		Method of Paym	lent	Amount		
CardLab, Inc.		09/14/	2010					
Secondary Payee David Paul		Purpose o Misc *	f Expenditure	X Debit Care	1			
Street Address 45 Garfield Ave	City State New London CT		Zip Code 06320-5208	3				
Description Stipend			-	Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$60.00		
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ient	Amount		
CardLab, Inc.		09/14/2010		Check #				
Secondary Payee Jared Kupiec		Purpose of Expenditure TRVL		aditure X 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 Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
X No						\$300.00		

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IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Lamont For Governor					Origin	al 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant CardLab, Inc.		Date of Pa 09/19/		Method of Paym	lent	Amount		
Secondary Payee AT&T			f Expenditure	X Debit Card	1			
Street Address PO Box 8110	City Aurora			Zip Code 60507				
Description Telephone	•		•	Event #				
which reimbursement is sought?	idate(s) Name	Office	Sought	1				
		1		1		\$100.00		
Name of Worker/Consultant CardLab, Inc.		Date of Pa 09/19/		Method of Paym	lent	Amount		
Secondary Payee AT&T		Purpose o OVHD	f Expenditure	X Debit Card	1			
Street Address PO Box 8110	City Aurora		State IL	Zip Code 60507				
Description Telephone				Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought	1				
X Yes No						\$100.00		

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IV. EXPENDITURES											
NAME OF COMMITTEE FI											
Lamont For Governor C						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 Check #		Amount					
Secondary Payee AT&T		Purpose of Expenditure OVHD		X 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 Other Candidate(s) Name Office Sought which reimbursement is sought?			1								
Yes X No						\$600.00					
				Total of Se	ection 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			
Street Address	City		State	Zip Code					
PO Box 5087	Milford		ст	06460-1487					
						\$115.00			
Name of Recipient						Original			
Daniel J Gross						Purchase Amount of Item			
Street Address	City		State	Zip Code					
94 William St Apt 1	New Have	n	СТ	06511-4939					
Description Acer Laptop for Pmt of Clean up services									
						\$75.00			
				Total of Sectio	on S	\$190.00			