

**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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**SUMMARY PAGE**

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE	
<b>Dan Malloy For Governor</b>					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME						
Title	First <b>Len</b>	MI <b>S</b>	Last <b>Miller</b>	Suffix		
4. TREASURER ADDRESS						
Street Address <b>8 Kings Ln</b>		City <b>Essex</b>		State <b>CT</b>	Zip Code <b>06426</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>Dannel</b>	MI <b>P.</b>	Last <b>Malloy</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="" 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>Len Miller</b>		<b>10/12/2010</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>Dan Malloy 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>\$5,684,116.67</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$192,746.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$58,489.41</b>
16. Other Monetary Receipts (Section D-I)	<b>\$350.00</b>	<b>\$8,502,757.57</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>\$350.00</b>	<b>\$8,753,992.98</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$5,684,466.67</b>	<b>\$8,753,992.98</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,148,538.51</b>	<b>\$4,218,064.82</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 )	<b>\$4,535,928.16</b>	<b>\$4,535,928.16</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$1,797.67</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$165.82</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>\$0.00</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>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$276.32</b>	<b>\$1,031.14</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

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

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

**A. Total Contributions from Small Contributors-Received this Period ONLY***(See instructions for definition of Small Contributor)***Subtotal Section A****B. Itemized Contributions from Individuals**

Last Name	First Name	MI	Method of contribution: Cash                      Personal Check Money Order            Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address	City	State	Zip Code	Date Received		
Principal Occupation	Name of Employer	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes      No	Aggregate Contributions	
Executive      Legislative		Yes      No				
<b>Total of Section B</b>						
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>						

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

NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor					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
Dan Malloy 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
Dan Malloy 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
Dan Malloy For Governor		Original 10/12/2010
<b>E. Personal Funds of the Candidate Received this Period</b>		
Date Received	Amount	Method of Payment
		Cash                      Personal Check                      Credit/Debit Card
		<b>Total of Section E</b>

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

NAME OF COMMITTEE					FILING DUE DATE
Dan Malloy 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>
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NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	Original 10/12/2010

<b>G. Interest from Deposits in Authorized Accounts</b>
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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
Dan Malloy 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	
Dan Malloy For Governor				Original 10/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Philip J. Nargi			09/18/2010		
Street Address		City	State	Zip Code	
PO Box 2155		Waterbury	CT	06722-2155	
Description					
Waterbury rent refund					\$350.00
Total of Section I					\$350.00

## II. FUNDRAISING EVENT ACTIVITY

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

### J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 09/21/2010	Letter a	Coffee/Tea Event	537 Farmington Ave	Hartford	CT 06105

Was this fundraising event hosted at a personal residence?

☐

Yes

☒

No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?

☐

Yes

☒

No

Was this fundraiser a tag sale, auction, or other sale of donated items?

☐

Yes

☒

No

## II. FUNDRAISING EVENT ACTIVITY

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

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

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

### III. NONMONETARY RECEIPTS

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

#### K. In-Kind Contributions

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 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: Executive Legislative			Yes No
Individual						
Committee						
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event#		Yes No	Description of In-Kind Contribution		Aggregate contributions	
<b>Total of Section K</b>						

### III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy 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	
<b>Total of Section L</b>				



### III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Dan Malloy 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	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					09/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	731		
PO Box 324	New Haven	CT	06513-0324	PRNT	<input type="checkbox"/> Debit Card		
Description					Event #		\$2,395.60
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes					Office Sought		
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					09/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	727		
41 Bennetts Bridge Rd	Sandy Hook	CT	06482-1440	CNSLT	<input type="checkbox"/> Debit Card		
Description					Event #		\$1,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes					Office Sought		
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
People's United Bank					09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	727		
350 Bedford St Fl 2	Stamford	CT	06901-1741	BNK	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		\$25.00
wire transfer fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?					Other Candidate(s) Name		
<input type="checkbox"/> Yes					Office Sought		
<input checked="" type="checkbox"/> No							

#### IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
Old State House						09/03/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
800 Main St		Hartford	CT	06103-2301	A-TV	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
photo shoot								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name      Office Sought</div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No       </div>								
							\$1,585.00	

Name of Payee					Date of Payment	Method of Payment	Amount						
SKD Knickerbocker					09/03/2010	<input type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card								
1818 N St NW Ste 450	Washington	DC	20036-2473	A-TV									
Description						Event #							
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													
							\$65,821.00						

Name of Payee				Date of Payment	Method of Payment	Amount
Wolfe Promotional Services				09/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>734</u>	
56 Far Horizon Dr	Monroe	CT	06468-1733	A-OTH	<input type="checkbox"/> Debit Card	
Description					Event #	
Signs, Banners, T-shirts						
<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>						
						\$43,352.86

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
FBO Hartford Parking				09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 S Chapel St	Hartford	CT	06103-1131	TRVL		
Description					Event #	
parking						
<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>						
						\$4.50

Name of Payee					Date of Payment	Method of Payment	Amount
Exxon Mobil					09/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
225 Main St	Niantic	CT	06357-3101	TRVL			
Description						Event #	
gas for campaign car							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$31.00

Name of Payee				Date of Payment	Method of Payment	Amount
Getty				09/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
224 Magee Ave	Stamford	CT	06902-5926	TRVL		
Description					Event #	
gas for campaign car						
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$44.01

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
7-Eleven				09/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St	Hartford	CT	06106-2026	TRVL		
Description					Event #	
gas for campaign car						
<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>						
						\$39.44

Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>733</u>		
PO Box 324	New Haven	CT	06513-0324	A-OTH	<input type="checkbox"/> Debit Card		
Description						Event #	
Bumper Stickers							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$344.50

Name of Payee				Date of Payment	Method of Payment	Amount
IMS, Inc				09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>732</u>	
4809 Morgan Dr	Chevy Chase	MD	20815-5310	CNSLT	<input type="checkbox"/> Debit Card	
Description					Event #	
Research						
<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>						
\$20,000.00						

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Fas Mart					Date of Payment 09/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$36.60
Street Address 1387 Farmington Ave	City Farmington	State CT	Zip Code 06032-1240	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Hess					Date of Payment 09/09/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$37.90
Street Address 530 Main St	City East Hartford	State CT	Zip Code 06108-3304	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee 7-Eleven					Date of Payment 09/09/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$32.00
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Gulf					Date of Payment 09/09/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$35.90
Street Address 1127 Capitol Ave	City Hartford	State CT	Zip Code 06106-1049	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Ben Brumleve					Date of Payment 09/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$403.85
Street Address 11018 Graduate Ln Apt K	City Charlotte	State NC	Zip Code 28262-8875	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee David Osorio					Date of Payment 09/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$1,384.62
Street Address 2543 Old Town Rd	City Bridgeport	State CT	Zip Code 06606-1336	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee						Date of Payment	Method of Payment	Amount
Nathan Wilson						09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
399 Route 165		Preston	CT	06365-8722	WAGE			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
						Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$1,181.54								

Name of Payee						Date of Payment	Method of Payment	Amount
Nathan Wilson						09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
399 Route 165		Preston	CT	06365-8722	WAGE			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
						Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$236.30								

Name of Payee						Date of Payment	Method of Payment	Amount
Robert Blanchard						09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
18 Indian Ledge Rd		Monroe	CT	06468-1064	WAGE			
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
						Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes								
<input checked="" type="checkbox"/> No								
\$807.69								



## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Daniel Dauplaise					Date of Payment 09/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$242.31
Street Address 108 Mayapple Rd	City Stamford	State CT	Zip Code 06903-1307	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Joseph W. Garland					Date of Payment 09/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$1,846.15
Street Address 32 E Lance Leaf Rd	City The Woodlands	State TX	Zip Code 77381-2826	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Kyle J. Buda					Date of Payment 09/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$807.69
Street Address 420 James St	City Bay City	State MI	Zip Code 48706-3930	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Zack Hyde				09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
42 Lancaster Rd	West Hartford	CT	06119-1521	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		\$807.69

Name of Payee					Date of Payment	Method of Payment	Amount						
Shirley A. Surgeon					09/10/2010	<input type="checkbox"/> Check #							
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card								
160 Adams St	Hartford	CT	06112-1802	WAGE									
Description						Event #							
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													
							\$923.08						

Name of Payee						Date of Payment	Method of Payment	Amount
Aaron Frankel						09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
28 Farmstead Ln		West Hartford	CT	06117-2012	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float:right;">Other Candidate(s) Name      Office Sought</div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No       </div>								
								\$1,300.00

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
600 Asylum Ave Apt 825	Hartford	CT	06105-3807	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$3,923.08	
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
Michael Caplet					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
113 Brainard Rd	Colchester	CT	06415-2040	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$923.08	
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
Michael Mandell					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
1678 Randolph Rd	Middletown	CT	06457-4043	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought		\$1,338.46	
<input checked="" type="checkbox"/> No							

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	BNK		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$66.66

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S	Stamford	CT	06907-2524	BNK			
Description						Event #	\$287.75
<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>							

Name of Payee						Date of Payment	Method of Payment	Amount
Paychex						09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
<div style="display: flex; justify-content: space-between;"> <span>Is this expenditure coordinated with another candidate for which reimbursement is sought?</span> <span>Other Candidate(s) Name</span> <span>Office Sought</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Yes             <input checked="" type="checkbox"/> No         </div>								
<b>\$26.82</b>								

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>							\$2,085.90
Other Candidate(s) Name				Office Sought			

Name of Payee					Date of Payment	Method of Payment	Amount
Maxwell Goldman					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
35 Sherwood Ln	Norwich	CT	06360-5251	WAGE			
Description						Event #	
<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>							
							\$807.69

Name of Payee				Date of Payment	Method of Payment	Amount
Katharine S. Urbank				09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
227 Brookdale Rd	Stamford	CT	06903-4118	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		\$692.31

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee <b>Arielle Reich</b>					Date of Payment <b>09/10/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$2,115.38</b>
Street Address <b>25 Adams Ave Unit 110</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06902-3785</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Matthew LeBeau</b>					Date of Payment <b>09/10/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$807.69</b>
Street Address <b>4 Gorman Pl</b>	City <b>East Hartford</b>	State <b>CT</b>	Zip Code <b>06108-1450</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Julia Weyland</b>					Date of Payment <b>09/10/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$403.85</b>
Street Address <b>2611 Bainbridge Ln</b>	City <b>Silver Spring</b>	State <b>MD</b>	Zip Code <b>20906-5378</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee <b>Bill Welz</b>					Date of Payment <b>09/10/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$80.77</b>
Street Address <b>PO Box 176 93 Tripp Hollow Rd</b>	City <b>Brooklyn</b>	State <b>CT</b>	Zip Code <b>06234-0176</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description  					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Norwalk Conv. Mart</b>					Date of Payment <b>09/11/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$47.29</b>
Street Address <b>219 East Ave</b>	City <b>Norwalk</b>	State <b>CT</b>	Zip Code <b>06855-1901</b>	Purpose of Expenditure <b>TRVL</b>	<input checked="" type="checkbox"/> Debit Card		
Description <b>gas for campaign car</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  		
Name of Payee <b>SKD Knickerbocker</b>					Date of Payment <b>09/11/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$233,434.70</b>
Street Address <b>1818 N St NW Ste 450</b>	City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036-2473</b>	Purpose of Expenditure <b>A-TV</b>	<input checked="" type="checkbox"/> Debit Card		
Description  					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee People's United Bank					Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$25.00
Street Address 350 Bedford St Fl 2	City Stamford	State CT	Zip Code 06901-1741	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card		
Description Wire transfer fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee BP					Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$40.80
Street Address 224 Magee Ave	City Stamford	State CT	Zip Code 06902-5926	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Chris McArdle					Date of Payment 09/13/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$1,000.00
Street Address 41 Bennetts Bridge Rd	City Sandy Hook	State CT	Zip Code 06482-1440	Purpose of Expenditure CNSLT	<u>737</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee AT&T					Date of Payment 09/13/2010	Method of Payment <input checked="" type="checkbox"/> Check # 739	Amount \$624.79
Street Address PO Box 8110		City Aurora	State IL	Zip Code 60507-8110	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Description phone - Hartford						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		

Name of Payee Paychex					Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount \$102.94
Street Address 11 Riverbend Dr S		City Stamford	State CT	Zip Code 06907-2524	Purpose of Expenditure WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		

Name of Payee Comcast					Date of Payment 09/13/2010	Method of Payment <input checked="" type="checkbox"/> Check # 738	Amount \$690.33
Street Address PO Box 196		City Newark	State NJ	Zip Code 07101-0196	Purpose of Expenditure OVHD	<input type="checkbox"/> Debit Card	
Description Hartford- internet						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Other Candidate(s) Name					Office Sought		

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Nathan Wilson					Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$910.78
Street Address 399 Route 165	City Preston	State CT	Zip Code 06365-8722	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		
Name of Payee Mobil Simeones					Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$45.91
Street Address 21 Chamberlain Hwy	City Kensington	State CT	Zip Code 06037-1920	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		
Name of Payee Robert Blanchard					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$154.00
Street Address 18 Indian Ledge Rd	City Monroe	State CT	Zip Code 06468-1064	Purpose of Expenditure RCW	<u>751</u> <input type="checkbox"/> Debit Card		
Description Sept 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		

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Daniel P. Kelly, Jr.					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # 754	Amount          \$298.00
Street Address 600 Asylum Ave Apt 825	City Hartford	State CT	Zip Code 06105-3807	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Sept 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  		
Name of Payee Nathan Wilson					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # 750	Amount          \$337.71
Street Address 399 Route 165	City Preston	State CT	Zip Code 06365-8722	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Sept 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  		
Name of Payee Shirley A. Surgeon					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # 748	Amount          \$283.73
Street Address 160 Adams St	City Hartford	State CT	Zip Code 06112-1802	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Sept 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  		

## IV. EXPENDITURES

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

Name of Payee SEIU 32BJ					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$4,334.06
Street Address 101 Avenue of the Americas Fl 22	City New York	State NY	Zip Code 10013-1941	Purpose of Expenditure CNSLT	761 <input type="checkbox"/> Debit Card		
Description salary and benefits for 2 weeks services of SEIU employee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Aaron Frankel					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$482.55
Street Address 28 Farmstead Ln	City West Hartford	State CT	Zip Code 06117-2012	Purpose of Expenditure RCW	740 <input type="checkbox"/> Debit Card		
Description Sept Stipend plus reimbursable expenses					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Zack Hyde					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$50.00
Street Address 42 Lancaster Rd	City West Hartford	State CT	Zip Code 06119-1521	Purpose of Expenditure RCW	749 <input type="checkbox"/> Debit Card		
Description Sept 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  		

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Zack Hyde					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount          \$38.21
Street Address 42 Lancaster Rd	City West Hartford	State CT	Zip Code 06119-1521	Purpose of Expenditure TRVL	762		
Description gas reimbursement					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Joseph W. Garland					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount          \$50.00
Street Address 32 E Lance Leaf Rd	City The Woodlands	State TX	Zip Code 77381-2826	Purpose of Expenditure RCW	757		
Description Sept 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  		
Name of Payee Kyle J. Buda					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount          \$82.00
Street Address 420 James St	City Bay City	State MI	Zip Code 48706-3930	Purpose of Expenditure RCW	742		
Description Sept benefit Reimbursement					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Maxwell Goldman					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$50.00
Street Address 35 Sherwood Ln	City Norwich	State CT	Zip Code 06360-5251	Purpose of Expenditure RCW	753 <input type="checkbox"/> Debit Card		
Description Sept 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  		
Name of Payee Matthew LeBeau					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$160.43
Street Address 4 Gorman Pl	City East Hartford	State CT	Zip Code 06108-1450	Purpose of Expenditure RCW	741 <input type="checkbox"/> Debit Card		
Description Sept 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  		
Name of Payee Arielle Reich					Date of Payment 09/14/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$843.62
Street Address 25 Adams Ave Unit 110	City Stamford	State CT	Zip Code 06902-3785	Purpose of Expenditure RCW	752 <input type="checkbox"/> Debit Card		
Description Sept 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  		

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Michael Caplet					09/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>747</u>	
113 Brainard Rd		Colchester	CT	06415-2040	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Sept Stipend							
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							
\$50.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Ledger Publications					09/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>758</u>	
740 N Main St Ste W		West Hartford	CT	06117-2480	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$350.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Mandell					09/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>755</u>	
1678 Randolph Rd		Middletown	CT	06457-4043	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$250.00							

## IV. EXPENDITURES

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Dan Malloy For Governor	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee People's United Bank					Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$25.00
Street Address 350 Bedford St Fl 2	City Stamford	State CT	Zip Code 06901-1741	Purpose of Expenditure BNK	<input checked="" type="checkbox"/> Debit Card		
Description wire transfer fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee SKD Knickerbocker					Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$491,250.00
Street Address 1818 N St NW Ste 450	City Washington	State DC	Zip Code 20036-2473	Purpose of Expenditure A-TV	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee 7-Eleven					Date of Payment 09/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$32.65
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		



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## N. Expenses Paid By Committee

Name of Payee 7-Eleven					Date of Payment 09/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$30.20
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		
Name of Payee Exxon					Date of Payment 09/16/2010	Method of Payment <input type="checkbox"/> Check #	Amount          \$52.71
Street Address 1044 Post Rd	City Darien	State CT	Zip Code 06820-5413	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		
Name of Payee Robert Blanchard					Date of Payment 09/17/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount          \$157.93
Street Address 18 Indian Ledge Rd	City Monroe	State CT	Zip Code 06468-1064	Purpose of Expenditure RCW	<u>766</u> <input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name Office Sought		

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### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
18 Indian Ledge Rd		Monroe	CT	06468-1064	WAGE		
Description						Event #	
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							
\$115.39							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel Dauplaise					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>765</u>	
108 Mayapple Rd		Stamford	CT	06903-1307	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		
<input checked="" type="checkbox"/> No							
\$90.85							
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>768</u>	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
reimbursement 9/12/10-9/18/10							
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							
\$202.68							

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Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
420 James St		Bay City	MI	48706-3930	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$115.39							

Name of Payee					Date of Payment	Method of Payment	Amount
Monro Muffler/Brake					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
330 Prospect Ave , Shop 510		Hartford	CT	06106-2028	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$32.61							

Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
160 Adams St		Hartford	CT	06112-1802	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>           Other Candidate(s) Name           Office Sought         </div>							
\$115.39							

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### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>770</u>	
399 Route 165		Preston	CT	06365-8722	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$384.54							

Name of Payee					Date of Payment	Method of Payment	Amount
SKD Knickerbocker					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>764</u>	
1818 N St NW Ste 450		Washington	DC	20036-2473	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
Palmcards							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$7,690.00							

Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St		Hartford	CT	06106-2026	TRVL		
Description						Event #	
gas for campaign car							
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							
\$49.17							

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### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Michael Mandell					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>763</u>		
1678 Randolph Rd	Middletown	CT	06457-4043	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$168.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>767</u>		
4 Gorman Pl	East Hartford	CT	06108-1450	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
reimburse travel expense							
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							
\$208.82							
Name of Payee					Date of Payment	Method of Payment	Amount
Julia Weyland					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>771</u>		
2611 Bainbridge Ln	Silver Spring	MD	20906-5378	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$102.56							

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Name of Payee <b>Matthew LeBeau</b>					Date of Payment <b>09/17/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$115.39</b>
Street Address <b>4 Gorman Pl</b>	City <b>East Hartford</b>	State <b>CT</b>	Zip Code <b>06108-1450</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Paychex</b>					Date of Payment <b>09/17/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$65.45</b>
Street Address <b>11 Riverbend Dr S</b>	City <b>Stamford</b>	State <b>CT</b>	Zip Code <b>06907-2524</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee <b>Maxwell Goldman</b>					Date of Payment <b>09/17/2010</b>	Method of Payment <input type="checkbox"/> Check #	Amount          <b>\$115.39</b>
Street Address <b>35 Sherwood Ln</b>	City <b>Norwich</b>	State <b>CT</b>	Zip Code <b>06360-5251</b>	Purpose of Expenditure <b>WAGE</b>	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

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Name of Payee					Date of Payment	Method of Payment	Amount
Bill Welz					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	769	
PO Box 176 93 Tripp Hollow Rd		Brooklyn	CT	06234-0176	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$184.30							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$13.09							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					09/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
4 Gorman Pl		East Hartford	CT	06108-1450	Misc *	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$30.00							

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Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					09/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
42 Lancaster Rd		West Hartford	CT	06119-1521	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							\$115.39
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
Robert Blanchard					09/18/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
18 Indian Ledge Rd		Monroe	CT	06468-1064	Misc *		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							\$30.00
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
Staples					09/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
430 Universal Dr N		North Haven	CT	06473-3174	OVHD		
Description						Event #	
New Haven- Paper, toner							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							\$165.34
Other Candidate(s) Name						Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							



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Name of Payee					Date of Payment	Method of Payment	Amount
trumbull Car Care					09/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
648 White Plains Rd	Trumbull	CT	06611-4860	TRVL			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$46.10							
Name of Payee					Date of Payment	Method of Payment	Amount
Roma Club, Inc.					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>773</u>		
100 Front St	Bridgeport	CT	06606-5107	Misc *	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$150.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					09/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>772</u>		
41 Bennetts Bridge Rd	Sandy Hook	CT	06482-1440	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No         Other Candidate(s) Name         Office Sought							
\$1,000.00							

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Name of Payee					Date of Payment	Method of Payment	Amount
Gulf Oil					09/22/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
554 Centre St Mattie Tire Service		Middleboro	MA	02346-2051	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$48.77
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Frank Pepe Pizzeria					09/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
163 Wooster St		New Haven	CT	06511-5709	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$56.85
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Shell					09/23/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
145 Lordship Blvd		Stratford	CT	06615-7119	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$37.00
<input checked="" type="checkbox"/> No							

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Name of Payee				Date of Payment	Method of Payment	Amount
Sunoco				09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
467 River Rd	Willington	CT	06279-1332	TRVL		
Description					Event #	
<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>						
						\$29.99

Name of Payee					Date of Payment	Method of Payment	Amount
Juliet Manalan					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
CAFA, 555 Windsor St		Hartford	CT	06120-2418	WAGE		
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$2,769.23

Name of Payee				Date of Payment	Method of Payment	Amount
Juliet Manalan				09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>782</u>	
CAFA, 555 Windsor St	Hartford	CT	06120-2418	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>						
						\$49.30

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Name of Payee				Date of Payment	Method of Payment	Amount
Bill Welz				09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		
PO Box 176 93 Tripp Hollow Rd	Brooklyn	CT	06234-0176	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description					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>Office Sought</div> </div>						
						\$807.69

Name of Payee					Date of Payment	Method of Payment	Amount
Bill Welz					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>778</u>	
PO Box 176 93 Tripp Hollow Rd		Brooklyn	CT	06234-0176	RCW	<input type="checkbox"/> Debit Card	
Description						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>Office Sought</div> </div>							
							\$49.23

Name of Payee					Date of Payment	Method of Payment	Amount
Logan Clark					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
26 Bushy Hill Rd	Granby	CT	06035-2902	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>							
Other Candidate(s) Name				Office Sought			
<div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>							
\$323.07							

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## N. Expenses Paid By Committee

Name of Payee Logan Clark					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # 785	Amount          \$20.00
Street Address 26 Bushy Hill Rd	City Granby	State CT	Zip Code 06035-2902	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Daniel Dauplaise					Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$807.69
Street Address 108 Mayapple Rd	City Stamford	State CT	Zip Code 06903-1307	Purpose of Expenditure WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Nathan Wilson					Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$1,600.00
Street Address 399 Route 165	City Preston	State CT	Zip Code 06365-8722	Purpose of Expenditure WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

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Name of Payee				Date of Payment	Method of Payment	Amount
Ben Brumleve				09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>781</u>	
11018 Graduate Ln Apt K	Charlotte	NC	28262-8875	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
<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>						
						\$129.23

Name of Payee					Date of Payment	Method of Payment	Amount
David Osorio					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
2543 Old Town Rd	Bridgeport	CT	06606-1336	WAGE			
Description						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>							
							\$1,384.62

Name of Payee				Date of Payment	Method of Payment	Amount
Robert Blanchard				09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
18 Indian Ledge Rd	Monroe	CT	06468-1064	WAGE		
Description					Event #	
<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>						
						\$923.08

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Ben Brumleve				09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11018 Graduate Ln Apt K	Charlotte	NC	28262-8875	WAGE		
Description					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>Office Sought</div> </div>						
						\$807.69

Name of Payee					Date of Payment	Method of Payment	Amount					
Nathan Wilson					09/24/2010	<input checked="" type="checkbox"/> Check #						
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>779</u>							
399 Route 165	Preston	CT	06365-8722	RCW	<input type="checkbox"/> Debit Card							
Description						Event #						
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												
\$111.28												

Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
600 Asylum Ave Apt 825	Hartford	CT	06105-3807	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>             Other Candidate(s) Name             <input type="text"/> </div> <div>             Office Sought             <input type="text"/> </div>							
							\$3,923.08

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.				09/24/2010	<input checked="checked" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>788</u>	
600 Asylum Ave Apt 825	Hartford	CT	06105-3807	RCW	<input type="checkbox"/> Debit Card	
Description					Event #	
<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>						
						\$1,839.04

Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
160 Adams St	Hartford	CT	06112-1802	WAGE		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
<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>							
							\$923.08

Name of Payee					Date of Payment	Method of Payment	Amount
Aaron Frankel					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
28 Farmstead Ln		West Hartford	CT	06117-2012	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
<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 Office Sought </div> </div>							
							\$1,300.00



#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Zack Hyde				09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>787</u>	
42 Lancaster Rd	West Hartford	CT	06119-1521	RCW	<input type="checkbox"/> Debit Card	
Description					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>Office Sought</div> </div>						
						\$20.00

Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
42 Lancaster Rd	West Hartford	CT	06119-1521	WAGE		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No         </div> <div>             Other Candidate(s) Name             <input type="text"/> </div> <div>             Office Sought             <input type="text"/> </div>							
							\$923.08

Name of Payee					Date of Payment	Method of Payment	Amount
Staples					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
2550 Albany Ave	West Hartford	CT	06117-2301	OFFICE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> <div> <input type="checkbox"/> Yes         <input checked="" type="checkbox"/> No       </div>							
							\$68.89

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Joseph W. Garland					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check # 784	Amount          \$383.21
Street Address 32 E Lance Leaf Rd	City The Woodlands	State TX	Zip Code 77381-2826	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Joseph W. Garland					Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$1,846.15
Street Address 32 E Lance Leaf Rd	City The Woodlands	State TX	Zip Code 77381-2826	Purpose of Expenditure WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Kyle J. Buda					Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount          \$923.08
Street Address 420 James St	City Bay City	State MI	Zip Code 48706-3930	Purpose of Expenditure WAGE			
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
GSG Communications, LLC				09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>776</u>	
895 Broadway Fl 5	New York	NY	10003-1226	A-WEB	<input type="checkbox"/> Debit Card	
Description					Event #	
Online Ad test						
<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>						
						\$18,500.00

Name of Payee					Date of Payment	Method of Payment	Amount
Michael Caplet					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
113 Brainard Rd	Colchester	CT	06415-2040	WAGE		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$923.08

Name of Payee				Date of Payment	Method of Payment	Amount
Michael Mandell				09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1678 Randolph Rd	Middletown	CT	06457-4043	WAGE		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name					Office Sought	
						\$1,338.46

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
2074 Park Street LLC					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>777</u>		
2074 Park St	Hartford	CT	06106-2051	OVHD	<input type="checkbox"/> Debit Card		
Description					Event #		
additional space							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name	Office Sought	\$2,000.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>777</u>		
4 Gorman Pl	East Hartford	CT	06108-1450	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name	Office Sought	\$923.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

Name of Payee					Date of Payment	Method of Payment	Amount
Arielle Reich					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>786</u>		
25 Adams Ave Unit 110	Stamford	CT	06902-3785	RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
				Other Candidate(s) Name	Office Sought	\$49.32	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Arielle Reich					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
25 Adams Ave Unit 110		Stamford	CT	06902-3785	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes				Other Candidate(s) Name		Office Sought	
<input checked="" type="checkbox"/> No							
\$2,115.38							
Name of Payee					Date of Payment	Method of Payment	Amount
Julia Weyland					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2611 Bainbridge Ln		Silver Spring	MD	20906-5378	WAGE		
Description						Event #	
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							
\$807.69							
Name of Payee					Date of Payment	Method of Payment	Amount
Julia Weyland					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card	
2611 Bainbridge Ln		Silver Spring	MD	20906-5378	RCW		
Description						Event #	
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							
\$62.12							

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
Paychex				09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE		
Description					Event #	
<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>						
						\$2,691.59

Name of Payee						Date of Payment	Method of Payment	Amount
Dannel Malloy						09/24/2010	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Street Address		City	State	Zip Code	Purpose of Expenditure			
277 Ocean Dr E		Stamford	CT	06902-8219	RCW			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
				Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
\$129.23								

Name of Payee						Date of Payment	Method of Payment	Amount
Maxwell Goldman						09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure			
35 Sherwood Ln		Norwich	CT	06360-5251	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div style="float: right;">Other Candidate(s) Name      Office Sought</div> <div> <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No       </div>								
\$923.08								

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>790</u>	
41 Bennetts Bridge Rd		Sandy Hook	CT	06482-1440	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
					Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,000.00

Name of Payee					Date of Payment	Method of Payment	Amount
Magnani Press					09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>793</u>	
120 New Park Ave		Hartford	CT	06106-2185	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
Lapel Labels							
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							\$707.84

Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					09/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St		Hartford	CT	06106-2026	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
					Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$39.50

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
AT&T Wireless				09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>792</u>	
PO Box 6416	Carol Stream	IL	60197-6416	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
Malloy cell phone						
<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>						
						\$166.67

Name of Payee					Date of Payment	Method of Payment	Amount
Kim Hekking					09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>796</u>	
24 Ocean Dr W		Stamford	CT	06902-8026	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
<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>							
							\$100.00

Name of Payee				Date of Payment	Method of Payment	Amount
SKD Knickerbocker				09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>794</u>	
1818 N St NW Ste 450	Washington	DC	20036-2473	A-TV	<input type="checkbox"/> Debit Card	
Description					Event #	
<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>						
						\$143,327.00



#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
SEIU 32BJ					09/27/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	791	
101 Avenue of the Americas Fl 22		New York	NY	10013-1941	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
2wks salary and benefits for services of SEIU employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							\$4,334.06
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
Staples Direct					09/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
800 W Harris St		Eureka	CA	95503-3924	OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
New Haven Office							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							\$105.99
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
Staples Direct					09/27/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
800 W Harris St		Eureka	CA	95503-3924	OFFICE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Hartford office							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							\$97.49
Other Candidate(s) Name Office Sought							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Staples Direct					09/28/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
800 W Harris St		Eureka	CA	95503-3924	OFFICE		
Description						Event #	
Waterbury office							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$80.54							

Name of Payee					Date of Payment	Method of Payment	Amount
Staples Direct					09/28/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
800 W Harris St		Eureka	CA	95503-3924	TRVL		
Description						Event #	
Waterbury Office							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$80.54							

Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					09/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>795</u>	
PO Box 9256		Chelsea	MA	02150-9256	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Stamford phone/internet							
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							
\$237.20							

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee				Date of Payment	Method of Payment	Amount
7-Eleven				09/28/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St	Hartford	CT	06106-2026	TRVL		
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>						
Other Candidate(s) Name				Office Sought		
						\$34.20

Name of Payee					Date of Payment	Method of Payment	Amount
Harland Clarke					09/29/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
10931 Laureate Dr	San Antonio	TX	78249-3312	BNK		<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
More checks							
<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>							
							\$97.22

Name of Payee						Date of Payment	Method of Payment	Amount
Michael Mandell						09/30/2010	<input checked="" type="checkbox"/> Check #  802	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> Debit Card		
1678 Randolph Rd		Middletown	CT	06457-4043	RCW			
Description Reimbursement 9/24-9/30							Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?								
				Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								\$245.28

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
GSG Communications, LLC					09/30/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
895 Broadway Fl 5	New York	NY	10003-1226	POLLS			
Description						Event #	
Tracking Survey							
<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>							
							\$25,800.00

Name of Payee					Date of Payment	Method of Payment	Amount
GSG Communications, LLC					09/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
895 Broadway Fl 5		New York	NY	10003-1226	CNSLT		
Description						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>Office Sought</div> </div>							
							\$12,000.00

Name of Payee					Date of Payment	Method of Payment	Amount
People's United Bank					09/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
350 Bedford St Fl 2		Stamford	CT	06901-1741	BNK		
Description						Event #	
Wire Transfer Fee							
<div> <div> Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> <div> Other Candidate(s) Name </div> <div> Office Sought </div> </div>							
							\$25.00

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee Dannel Malloy					Date of Payment 09/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # 804	Amount          \$147.09
Street Address 277 Ocean Dr E	City Stamford	State CT	Zip Code 06902-8219	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Julia Weyland					Date of Payment 09/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # 801	Amount          \$82.32
Street Address 2611 Bainbridge Ln	City Silver Spring	State MD	Zip Code 20906-5378	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description Reimbursement 9/24-9/30					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		
Name of Payee Matthew LeBeau					Date of Payment 09/30/2010	Method of Payment <input checked="" type="checkbox"/> Check # 797	Amount          \$148.70
Street Address 4 Gorman Pl	City East Hartford	State CT	Zip Code 06108-1450	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card		
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Other Candidate(s) Name  Office Sought  		

#### IV. EXPENDITURES

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

### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>798</u>	
399 Route 165		Preston	CT	06365-8722	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Reimbursement 9/24-9/30							
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							
\$168.97							

Name of Payee					Date of Payment	Method of Payment	Amount
Gulf					09/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>799</u>	
1127 Capitol Ave		Hartford	CT	06106-1049	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$47.25							

Name of Payee					Date of Payment	Method of Payment	Amount
Ben Brumleve					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>799</u>	
11018 Graduate Ln Apt K		Charlotte	NC	28262-8875	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Reimbursement 9/24-9/30							
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Other Candidate(s) Name							
Office Sought							
\$43.00							

## IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	800	<input type="checkbox"/> Debit Card	
420 James St	Bay City	MI	48706-3930	RCW			
Description					Event #		
Reimbursement 9/24-9/30							
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							\$34.33
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					09/30/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	803	<input type="checkbox"/> Debit Card	
42 Lancaster Rd	West Hartford	CT	06119-1521	RCW			
Description					Event #		
Jul/Aug/Sept/Oct Health + travel							
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							\$944.10
Total of Section N						\$1,148,538.51	

#### IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE
Dan Malloy For Governor						Original 10/12/2010
O. Campaign Expenses Paid By Candidate						
Name of Payee One State Street Garage				Date of Payment 09/17/2010	Is Reimbursement Claimed? <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div>	Amount          \$9.25
Street Address 1 State St		City Hartford		State CT	Zip Code 06103-3100	
Purpose of Expenditure TRVL	Description				Event #	
Name of Payee BP				Date of Payment 09/22/2010	Is Reimbursement Claimed? <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div>	Amount          \$47.65
Street Address 231 Cherry St		City Milford		State CT	Zip Code 06460-3501	
Purpose of Expenditure TRVL	Description				Event #	
Name of Payee Shell				Date of Payment 09/22/2010	Is Reimbursement Claimed? <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div>	Amount          \$44.65
Street Address 145 Lordship Blvd		City Stratford		State CT	Zip Code 06615-7119	
Purpose of Expenditure TRVL	Description				Event #	
Name of Payee City Of Hartford				Date of Payment 09/23/2010	Is Reimbursement Claimed? <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div>	Amount          \$1.20
Street Address 550 Main St		City Hartford		State CT	Zip Code 06103-2913	
Purpose of Expenditure TRVL	Description Parking				Event #	



#### IV. EXPENDITURES

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

### O. Campaign Expenses Paid By Candidate

Name of Payee 7-Eleven					Date of Payment 09/24/2010		Is Reimbursement Claimed? <div><input type="checkbox"/> Yes</div> <div><input checked="" type="checkbox"/> No</div>		Amount   <
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IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy 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

NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor					Original 10/12/2010	
<b>Q. Expenses Incurred By Committee but Not Paid During this Period</b>						
Name of Creditor				Date Incurred		Event #
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
<div> <div>Is this expenditure coordinated with another candidate for which reimbursement is sought?</div> <div> <div>Other Candidate(s) Name</div> <div>Office Sought</div> </div> </div> <div> <div>Yes</div> <div>No</div> </div>						
Total of Section Q						

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/03/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee Renaldi's One Stop		Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card		
Street Address 1588 Route 85		City Oakdale		State CT		
Zip Code 09011		Description		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>Office Sought</div> </div>						
						\$48.40

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/03/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee Anthem Blue Cross Blue Shield		Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd		City North Haven		State CT		
Zip Code 06473-4201		Description Aug Sept heath		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>Office Sought</div> </div>						
						\$283.16

#### IV. EXPENDITURES

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

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

[illegible][illegible]

#### IV. EXPENDITURES

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

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

[illegible][illegible]

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Frankel, Aaron		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Crazy Bruce's		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 178 Newington Rd	City West Hartford	State CT	Zip Code 06110-2361	
Description Hartford office			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		\$117.69

  

Name of Worker/Consultant Frankel, Aaron		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee USPS		Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Street Address 121 Shield St	City West Hartford	State CT	Zip Code 06110-9992	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$44.44

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Frankel, Aaron		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Walmart		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 495 Flatbush Ave	City Hartford	State CT	Zip Code 06106-3601	
Description Hartford office			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		\$21.45

  

Name of Worker/Consultant Frankel, Aaron		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Lena's Pizzeria		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 2053 Park St	City Hartford	State CT	Zip Code 06106-2025	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$104.56



# IV. EXPENDITURES

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

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

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address Wilbur Cross Parkway South	City Orange	State CT	Zip Code 06477	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$12.08

  

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cumberland Farms		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 291 Spielman Hwy	City Burlington	State CT	Zip Code 06013-1703	
Description gas of 8/16/10			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		\$23.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Food Bag		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1259 Burnside Ave	City East Hartford	State CT	Zip Code 06108-1512	
Description gas of 8/20/10			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		\$22.00

  

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Food Bag		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1259 Burnside Ave	City East Hartford	State CT	Zip Code 06108-1512	
Description gas of 8/22/10			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		\$25.25

# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Ultra		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 58 Ellington Rd	City East Hartford	State CT	Zip Code 06108-1101	
Description gas of 8/24/10			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		\$21.75

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Gulf		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1127 Capitol Ave	City Hartford	State CT	Zip Code 06106-1049	
Description gas of 8/26/10			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		\$22.50

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee BP		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 611 Main St	City East Hartford	State CT	Zip Code 06108-3305	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$52.68

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description gas of 8/22/10			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		\$11.22

# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell Bank Street		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 474 Bank St	City Waterbury	State CT	Zip Code 06708-3502	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$24.54

  

Name of Worker/Consultant Weyland, Julia		Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Renaldi's One Stop		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1588 Route 85	City Oakdale	State CT	Zip Code 09011	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$31.97

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/04/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$20.00

  

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/04/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Ultra		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 58 Ellington Rd	City East Hartford	State CT	Zip Code 06108-1101	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$18.50

#### IV. EXPENDITURES

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

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

[illegible]

Name of Worker/Consultant Blanchard, Robert	Date of Payment 09/04/2010	Method of Payment <input type="checkbox"/> Check #
Secondary Payee Sunoco Monroe	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card
Street Address 456 Main St	City Monroe	State CT
Description		Zip Code 06468-1154
		Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other Candidate(s) Name Office Sought		
\$12.69		

# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/05/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 954 E Main St	City Meriden	State CT	Zip Code 06450-6010	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$25.01

  

Name of Worker/Consultant Dauplaise, Daniel		Date of Payment 09/06/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 195 Prospect Ave	City Hartford	State CT	Zip Code 06106-2950	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$44.94



# IV. EXPENDITURES

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

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

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/06/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 121 Main St N	City Southbury	State CT	Zip Code 06488-3834	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$20.20

  

Name of Worker/Consultant Wilson, Nathan		Date of Payment 09/06/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Home Depot		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 503 New Park Ave	City West Hartford	State CT	Zip Code 06110-1326	
Description Hartford- office supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$21.17

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Weyland, Julia		Date of Payment 09/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description			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		\$38.89

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/07/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address Wilbur Cross Parkway South	City Orange	State CT	Zip Code 06477	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$27.84



# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cumberland Farms		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 291 Spielman Hwy	City Burlington	State CT	Zip Code 06013-1703	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$22.76

  

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee BP		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 721 Kings Hwy E	City Fairfield	State CT	Zip Code 06825-5417	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$15.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell Bank Street		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 474 Bank St	City Waterbury	State CT	Zip Code 06708-3502	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$17.30

  

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/09/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 31 Danbury Rd	City Ridgefield	State CT	Zip Code 06877-4002	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$10.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Dauplaise, Daniel		Date of Payment 09/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description			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		\$39.92

  

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/10/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 915 North Ave	City Bridgeport	State CT	Zip Code 06606-5739	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$26.01

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Welz, William		Date of Payment 09/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Zlotnick's Irving		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 187 Willimantic Rd	City Chaplin	State CT	Zip Code 06235-2516	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$48.77

  

Name of Worker/Consultant Dauplaise, Daniel		Date of Payment 09/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Oyster Festival		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address Main Street	City Norwalk	State CT	Zip Code 06854	
Description Parking			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$5.99

#### IV. EXPENDITURES

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

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

Name of Worker/Consultant Blanchard, Robert	Date of Payment 09/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Shell - Chesterfield	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 123 Main St	City Monroe	State CT		Zip Code 06468-1609
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$6.34

Name of Worker/Consultant Garland, Joseph	Date of Payment 09/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address I-95 South Bound	City Madison	State CT		Zip Code 06443
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$50.81



# IV. EXPENDITURES

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

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

Name of Worker/Consultant Weyland, Julia		Date of Payment 09/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Hill Oil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 502 Cedar St	City Newington	State CT	Zip Code 06111-1811	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$23.70

  

Name of Worker/Consultant Weyland, Julia		Date of Payment 09/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Bethel Fair		Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address Fair grounds	City Bethel	State CT	Zip Code 06801	
Description Admission- event expense			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		\$8.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/11/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Food Bag		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 384 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-2104	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$16.33

  

Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cross Automotive		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 708 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-3027	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$10.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 31 Danbury Rd	City Ridgefield	State CT	Zip Code 06877-4002	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$11.69

  

Name of Worker/Consultant Reich, Arielle		Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Donut Delight		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 417 Elm St	City Stamford	State CT	Zip Code 06902-5112	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$10.14

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Welz, William		Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Zlotnick's Irving		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 187 Willimantic Rd	City Chaplin	State CT	Zip Code 06235-2516	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$49.46

  

Name of Worker/Consultant Welz, William		Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Walmart - #2022		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 474 Boston Post Rd	City North Windham	State CT	Zip Code 06256-1052	
Description Willanmantic office -ink, Paper			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$43.12

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Citgo		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1289 Farmington Ave	City Berlin	State CT	Zip Code 06037-2303	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$12.00

  

Name of Worker/Consultant Reich, Arielle		Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Donut Delight		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 417 Elm St	City Stamford	State CT	Zip Code 06902-5112	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$4.41

# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 474 Bank St	City Waterbury	State CT	Zip Code 06708-3502	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$25.70

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$46.61

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 105378	City Atlanta	State GA	Zip Code 30348-5378	
Description Sept 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		\$50.00

  

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anthem Blue Cross Blue Shield		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201	
Description Sept health care			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		\$110.43

# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee AT&T Wireless		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 537104	City Atlanta	State GA	Zip Code 30353-7104	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$50.00

  

Name of Worker/Consultant Buda, Kyle		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anthem Blue Cross Blue Shield		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 120 Monument Cir	City Indianapolis	State IN	Zip Code 46204-4906	
Description Sept 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		\$32.00



# IV. EXPENDITURES

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

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

Name of Worker/Consultant Buda, Kyle		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sprint		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 420 James St	City Bay City	State MI	Zip Code 48706-3930	
Description Sept 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		\$50.00

  

Name of Worker/Consultant Caplet, Michael		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description Sept 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		\$50.00



# IV. EXPENDITURES

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

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

Name of Worker/Consultant Hyde, Charles		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 46 Sycamore Rd	City West Hartford	State CT	Zip Code 06117-2846	
Description Sept 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		\$50.00

  

Name of Worker/Consultant Wilson, Nathan		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anthem Blue Cross Blue Shield		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201	
Description Sept 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		\$287.71

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Wilson, Nathan		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 46 Sycamore Rd	City West Hartford	State CT	Zip Code 06117-2846	
Description Sept 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		\$50.00

  

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Aetna		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 72479326	City Philadelphia	State PA	Zip Code 19105-3961	
Description Sept 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		\$104.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 46 Sycamore Rd	City West Hartford	State CT	Zip Code 06117-2846	
Description Sept 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		\$50.00

  

Name of Worker/Consultant Reich, Arielle		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee City Of Stamford		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902	
Description Sept Health Insurance			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		\$843.62

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Goldman, Maxwell		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 46 Sycamore Rd	City West Hartford	State CT	Zip Code 06117-2846	
Description Sept 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		\$50.00

  

Name of Worker/Consultant Kelly, Daniel		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Golden Rule		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 712 11th St	City Lawrenceville	State IL	Zip Code 62439-2316	
Description Sept 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		\$198.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Kelly, Daniel		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee AT&T Wireless		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 6416	City Carol Stream	State IL	Zip Code 60197-6416	
Description Sept 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		\$100.00

  

Name of Worker/Consultant Mandell, Michael		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee CIGNA		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 9 Greenfield Dr S	City West Windsor	State NJ	Zip Code 08550-3520	
Description Sept 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		\$200.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Mandell, Michael		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cingular Wireless		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 17252	City Baltimore	State MD	Zip Code 21297-1252	
Description Sept 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		\$50.00

  

Name of Worker/Consultant Frankel, Aaron		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anthem Blue Cross Blue Shield		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201	
Description Sept 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		\$144.41



# IV. EXPENDITURES

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

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

Name of Worker/Consultant Frankel, Aaron		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon Wireless		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062	
Description Sept 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		\$50.00

  

Name of Worker/Consultant Welz, William		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Walmart - #2022		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 474 Boston Post Rd	City North Windham	State CT	Zip Code 06256-1052	
Description Willanmantic office-cleaning supplies			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$10.26

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sunoco Monroe		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 456 Main St	City Monroe	State CT	Zip Code 06468-1154	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$14.51

  

Name of Worker/Consultant Wilson, Nathan		Date of Payment 09/16/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee FedEx Kinko's		Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card	
Street Address 544 Farmington Ave	City Hartford	State CT	Zip Code 06105-3049	
Description Hartford Office - paper copying			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		\$363.37

#### IV. EXPENDITURES

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

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

Name of Worker/Consultant Reich, Arielle	Date of Payment 09/16/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Donut Delight	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 417 Elm St	City Stamford	State CT		Zip Code 06902-5112
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$5.73	

Name of Worker/Consultant Brumleve, Benjamin			Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #  <input checked="" type="checkbox"/> Debit Card	Amount          \$15.00
Secondary Payee Sunoco			Purpose of Expenditure TRVL		
Street Address 350 Foxon Blvd	City New Haven	State CT	Zip Code 06513-2326		
Description			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name  	Office Sought  	

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Mandell, Michael		Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee CIGNA		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 9 Greenfield Dr S	City West Windsor	State NJ	Zip Code 08550-3520	
Description rest of August			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		\$134.00

  

Name of Worker/Consultant Mandell, Michael		Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cingular Wireless		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 17252	City Baltimore	State MD	Zip Code 21297-1252	
Description remainder of Aug 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		\$34.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Secondi's Truckstop		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 365 Old Gate Ln	City Milford	State CT	Zip Code 06460-8615	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$22.51

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sunoco Monroe		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 456 Main St	City Monroe	State CT	Zip Code 06468-1154	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$14.99

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Blanchard, Robert		Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 31 Danbury Rd	City Ridgefield	State CT	Zip Code 06877-4002	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$11.57

  

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sunoco		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 737 W Main St	City New Britain	State CT	Zip Code 06053-3837	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$23.75

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Fas Mart		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT	Zip Code 06109-4227	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$22.00

  

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 474 Bank St	City Waterbury	State CT	Zip Code 06708-3502	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$23.00

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Kelly, Daniel		Date of Payment 09/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure EFV *	<input checked="" type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117-2301	
Description Printer/Hartford office			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		\$479.04

  

Name of Worker/Consultant Welz, William		Date of Payment 09/19/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Zlotnick's Irving		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 187 Willimantic Rd	City Chaplin	State CT	Zip Code 06235-2516	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$49.23



# IV. EXPENDITURES

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

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

Name of Worker/Consultant Weyland, Julia		Date of Payment 09/20/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sunoco		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 64 Newtown Rd	City Danbury	State CT	Zip Code 06810-6237	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$32.05

  

Name of Worker/Consultant Weyland, Julia		Date of Payment 09/20/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee West Hartford Lock		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 360 Prospect St	City Hartford	State CT	Zip Code 06109-3644	
Description Key			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$2.12

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Wilson, Nathan		Date of Payment 09/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Staples		Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 2550 Albany Ave	City West Hartford	State CT	Zip Code 06117-2301	
Description Print Cartridge/Hartford Office			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		\$111.28

  

Name of Worker/Consultant Garland, Joseph		Date of Payment 09/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Food Bag		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 327 S Main St	City Colchester	State CT	Zip Code 06415-1427	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$53.44

#### IV. EXPENDITURES

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

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

Name of Worker/Consultant Kelly, Daniel	Date of Payment 09/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Tisane Tea & Coffee Bar	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 537 Farmington Ave	City Hartford	State CT		Zip Code 06105-3048
Description LGBT Event				Event # 09212010a
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$360.00	

Name of Worker/Consultant Manalan, Juliet	Date of Payment 09/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Amano Imperial Parking	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 10 Middle St	City Bridgeport	State CT		Zip Code 06604-4223
Description Parking				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
Other Candidate(s) Name				Office Sought
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$3.00	

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Hyde, Charles		Date of Payment 09/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$20.00

  

Name of Worker/Consultant Reich, Arielle		Date of Payment 09/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Donut Delight		Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 417 Elm St	City Stamford	State CT	Zip Code 06902-5112	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$5.73

# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 474 Bank St	City Waterbury	State CT	Zip Code 06708-3502	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$23.75

  

Name of Worker/Consultant Manalan, Juliet		Date of Payment 09/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee City Of Hartford		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 550 Main St	City Hartford	State CT	Zip Code 06103-2913	
Description Parking			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$1.50

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Manalan, Juliet		Date of Payment 09/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address Wilbur Cross Parkway	City North Haven	State CT	Zip Code 06473	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$44.80

  

Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/22/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Citgo		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 572 Washington St	City Middletown	State CT	Zip Code 06457-2513	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$20.00

#### IV. EXPENDITURES

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

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

Name of Worker/Consultant Weyland, Julia	Date of Payment 09/23/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Staples	Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card		
Street Address 15 S Main St	City Torrington	State CT		Zip Code 06790-6430
Description Fax				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name Office Sought				\$2.53

Name of Worker/Consultant Clark, Logan		Date of Payment 09/23/2010	Method of Payment <input type="checkbox"/> Check #  <input checked="" type="checkbox"/> Debit Card	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL		
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name  Office Sought  		\$20.00

#### IV. EXPENDITURES

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

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

[illegible]

Name of Worker/Consultant Kelly, Daniel		Date of Payment 09/23/2010	Method of Payment <input type="checkbox"/> Check #  <input checked="" type="checkbox"/> Debit Card	Amount
Secondary Payee AT&T Store		Purpose of Expenditure OVHD		
Street Address 442 S Main St	City West Hartford	State CT	Zip Code 06110-1679	
Description Phone Line: Hartford Office			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$1,000.00



#### IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check #  <input checked="" type="checkbox"/> Debit Card	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL		
Street Address 474 Bank St	City Waterbury	State CT	Zip Code 06708-3502	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$28.00

[illegible]

#### IV. EXPENDITURES

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

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

Name of Worker/Consultant Weyland, Julia	Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount	
Secondary Payee Accurate Lock & Safe	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 256 White St	City Danbury	State CT		Zip Code 06810
Description Medco Key				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
Other Candidate(s) Name Office Sought				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$12.72	

Name of Worker/Consultant Weyland, Julia	Date of Payment 09/25/2010	Method of Payment <input type="checkbox"/> Check #	
Secondary Payee Shell - Exit 8	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 101 Newtown Rd	City Danbury	State CT	Zip Code 06810-4120
Description	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	
			\$33.18

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Buda, Kyle		Date of Payment 09/27/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 500 Boston Post Rd	City Guilford	State CT	Zip Code 06437-2753	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$34.33

  

Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/27/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Middletown Irving		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 543 Washington St	City Middletown	State CT	Zip Code 06457-2512	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$11.00



# IV. EXPENDITURES

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

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

Name of Worker/Consultant LeBeau, Matthew		Date of Payment 09/28/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Food Bag		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1259 Burnside Ave	City East Hartford	State CT	Zip Code 06108-1512	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$24.50

  

Name of Worker/Consultant Wilson, Nathan		Date of Payment 09/29/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee West Hartford Lock		Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 360 Prospect St	City Hartford	State CT	Zip Code 06109-3644	
Description keys for new space - Hartford Office			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$15.90

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/29/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee BP		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 611 Main St	City East Hartford	State CT	Zip Code 06108-3305	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$12.00

  

Name of Worker/Consultant Weyland, Julia		Date of Payment 09/29/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Shell		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 857 Main St	City Torrington	State CT	Zip Code 06790-3346	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$31.78

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Hyde, Charles		Date of Payment 09/29/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven		Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$20.02

  

Name of Worker/Consultant Hyde, Charles		Date of Payment 09/30/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee CBIA Service Corp.		Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 350 Church St	City Hartford	State CT	Zip Code 06103-1136	
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		\$924.08

# IV. EXPENDITURES

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

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

Name of Worker/Consultant Mandell, Michael		Date of Payment 09/30/2010		Method of Payment <input type="checkbox"/> Check #		Amount
Secondary Payee Hilton Hartford		Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card		
Street Address 315 Trumbull St		City Hartford		State CT		
Zip Code 06103-1137		Event #				
Description Malloy reservation for Oct 5 debate						
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$245.28
Total of Section R						\$8,970.83



IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Dan Malloy For Governor				Original 10/12/2010
S. Surplus Distribution of Equipment and Furniture				
Name of Recipient				Original Purchase Amount of Item
Street Address	City	State	Zip Code	
Description				
Total of Section S				