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

Page 1 of 137

SUMMARY PAGE

1.NAME OF COMMITTEE							2. TYPI	E OF COMMITTEE	
Dan Malloy For Govern	or						Candidate Committee Exploratory Committee		
3. TREASURER NAME									
Title	First Len			MI S	Last Miller			Suffix	
4. TREASURER ADDRESS									
Street Address 8 Kings Ln				State CT				Zip Code 06426	
5. ELECTION DATE			6. O	FFICE SOUG	HT (if applicable)		7. DISTRI	CT CODE (if applicable)	
11/02/2010		Governor							
8. CANDIDATE NAME						•			
Title	First Dannel			MI P.	Last Malloy			Suffix	
9. TYPE OF REPORT									
October 10 Filing - Ori	ginal								
10. PERIOD COVERED									
		Beginning Date			Ending Date				
		09/03/2010	thru	ı	09/30/2010				
			11 CED	TIFICATION					
			II. CEK	TIFICATION					
on this Itemiz	I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.								
Electronic Filing		Len Miller			10/1	2/2010			
SIGNATURE		PRINT NAME OF THI	E SIGNE	ER		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				
Dan Malloy For Governor	Original 10/12/2010				
	COLUMN A This Period	COLUMN B Aggregate			
12. Balance on hand from day Committee was formed		\$0.00			
13. Balance on hand at the beginning of Reporting Period	\$5,684,116.67				
14. Contributions received from Individuals (Section A and B)	\$0.00	\$192,746.00			
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$58,489.41			
16. Other Monetary Receipts (Section D-I)	\$350.00	\$8,502,757.57			
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00			
18. Total Monetary Receipts (add totals for lines 14-17)	\$350.00	\$8,753,992.98			
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$5,684,466.67	\$8,753,992.98			
20. Expenses Paid by Committee (Section N)	\$1,148,538.51	\$4,218,064.82			
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$4,535,928.16	\$4,535,928.16			
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$1,797.67			
23. In-Kind Contributions Received (Section K)	\$0.00	\$165.82			
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00			
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00			
26. Beginning Loan Balance	\$0.00	\$0.00			
26a. + Loans Received (Section D)	\$0.00	\$0.00			
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00			
26c Payments on Loan(s)	\$0.00	\$0.00			
26d. Total Outstanding Loan Amount	\$0.00	\$0.00			
27. Campaign Expenses Paid By Candidate (Section O)	\$276.32	\$1,031.14			
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00			
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00				
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00				

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE FILING							NG DUE DATE	
Dan Malloy For Governor							Origi	inal 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 Contribu	tions fro	n Individu	ıals			
Last Name	First Name		MI	Cash	od of contribution: Cash Personal Check Money Order Credit/Debit Card			Amount of Contribution
Residential Street Address		City	-	State	Zip Code	Da	ate Received	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent child of a lobbyist?			Aggres	gate Contributions	
Total of Section B						В		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Total on Line 14 of Summary Page)								

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Dan Malloy For Governor							Original	10/12/2010	
C1. Contributions from Other Committees									
Name of Committee					Name of Treasurer				
Address			Is this contribution a fundraising event			Yes If yes, list Event	#	Amount of Contribution	
City	State	Zip	Code	Date R	eceived	Aggregate Contributions			
Total of Section C1									

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTEE				FILIN	NG DUE DATE		
Dan Malloy For Governor				Origi	nal 10/12/2010		
C2. Reimbursements or Payments from other Committees							
Name of Committee			Name of Treasurer				
Address			Date Received		Amount of Receipt		
City	State	Zip Code	Reimbursement for shared expense				
			Payment for goods and services				
	<u> </u>		T () (C) (Ca			
Total of Section C2							

	I. MONETARY RECEIPTS (Section	on A-K)			
NAME OF COMMITTEE					FILING	DUE DATE
Dan Malloy For Governor					Origina	1 10/12/2010
	D. Loans Received this Period					
Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of	Amount Received
Street Address	City	State	Zip Code	Candidate Individual	this loan? Yes	
Name of Cosigner/Guarantor	ame 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						
	E. Personal Funds of the Candidate Received this Period						
Date Received	Amount	Method of Payment	Cash	Personal Check	Credit/Debit Card		
Total of Section E							

I. MONETARY RECEIPTS (Section A-I)							
NAME OF COMMITTE	FILING DUE DATE						
Dan Malloy For Gove	Original 10/12/2010						
	F. Anonymous Contributions						
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount		

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

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

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE				FILI	NG DUE DATE			
Dan Malloy For Governor				Origi	nal 10/12/2010			
I. Miscellaneous Monetary Receipts not Considered Contributions								
Name Philip J. Nargi		Date of Tran 09/18/20			Amount Received			
Street Address PO Box 2155	City Waterbury	State CT	Zip Code 06722-2155					
Description Waterbury rent refund					\$350.00			
			Total of Sect	tion I	\$350.00			

	II. FUNDRAISING	G EVENT ACTIVITY							
NAME OF					FILING	DUE 1	DATE		
COMMITTEE Dan Malloy For Go	vernor				Original	10/12	/2010		
J1. Fundraising Event Information									
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City		State	Zip Code		
Date of Fundraiser Letter 09/21/2010 a	Coffee/Tea Event	537 Farmington Ave		Hartford		СТ	06105		
Was this fundraising event ho	osted at a personal residence?		Yes	x No					
Did this fundraiser include ite items donated by an individua	ms donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No					
Was this fundraiser a tag sale	auction, or other sale of donated items?		Yes	x No					

	II. FUNDRAISING EVENT	A(CTI	IVITY				
NAME OF COMMITTEE							FILIN	G DUE DATE
Dan Malloy For Governor							Origin	nal 10/12/2010
J2. Pro	oceeds from Tag Sale, Auction, or C	Othe	er Sa	ale of Donated	Items			
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Met	ethod of payment: Cash Per	sonal Check	Credit/Deb	it Card	Aggregate Amount of Purchases
Residential Street Address	City	Stat	te	Zip Code	Date Received	Event #		
Items Purchased			_			•		
					Т	otal of Sec	ction J2	

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

	III. N	ION	MO	ONETARY RECEIPTS					
NAME OF COMMITTEE								FILING 1	DUE DATE
Dan Malloy For Governor								Origina	10/12/2010
	К. І	n-K	ind (Contributions					
Name							Date Receive	ed	Fair Market Value of this Contribution
Street Address		C	City		State	Zip Code			
Type of Contributor: Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		espective state		Yes No Legislative	
Is this contribution associated with a fundilisted in Section J1? If yes, list Event#	,	Yes No	Des	eription of In-Kind Contribution			Aggregate contr	ributions	
							Total of	f Section K	

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)	Amount of Deposit										
Street Address	City		State	Zip Code							
Name of Telephone company											
Street Address											
Total of Section L											

III. NONMONETA	ARY RECEIPT	CS.					
NAME OF COMMITTEE						F	ILING DUE DATE
Dan Malloy For Governor						О	riginal 10/12/2010
M. Non-Monetary Receipts of Orga Legislative Leadership, Legislative (-		-			•	
Name of Committee		Name of Treas	surer				
Street Address				Date N	otice Receive	ed	Fair Market Value of Donation
City	State	Zip Code		Aggreg	ate Donation	ıs	
Description of Donation		Purpose of Exp	penditure B	С	D	Е	
				То	tal of Secti	on M	

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee The Harty Press, Inc. Street Address PO Box 324	City	State	Zip Code 06513-0324	Date of Payment 09/03/2010 Purpose of Expenditure PRNT	Method of Pays X Check # 731 Debit Car		Amount
Description	New Haven	<u> </u>	00313 0324	I IXVI	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$2,395.60
Name of Payee				Date of Payment 09/03/2010	Method of Pay	ment	Amount
Chris McArdle Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 727		
41 Bennetts Bridge Rd	Sandy Hook	CT	06482-1440	CNSLT	Debit Car	·d	
Description		l	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,000.00
Name of Payee People's United Bank				Date of Payment 09/03/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
350 Bedford St Fl 2	Stamford	СТ	06901-1741	BNK	X Debit Car	d	
Description wire transfer fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	or Other Candidate(s) N	lame		Office Sought			\$25.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Old State HOuse				09/03/2010	Check #		
Street Address 800 Main St	City Hartford	State CT	Zip Code 06103-2301	Purpose of Expenditure A-TV	X Debit Car	·d	
Description	Hardord	<u> </u>	00100 2001		Event #		
photo shoot							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$1,585.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SKD Knickerbocker				09/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1818 N St NW Ste 450	Washington	DC	20036-2473	A-TV	X Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$65,821.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Wolfe Promotional Services				09/03/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	734		
56 Far Horizon Dr	Monroe	СТ	06468-1733	A-OTH	Debit Car	d d	
Description					Event #		
Signs, Banners, T-shirts							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$43,352.86
X No							φ43,332.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
FBO Hartford Parking		<u> </u>		09/03/2010	Check #		
Street Address 55 S Chapel St	City Hartford	State CT	Zip Code 06103-1131	Purpose of Expenditure TRVL	X Debit Car	·d	
Description	<u> </u>		1		Event #		
parking							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$4.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Exxon Mobil				09/05/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 Main St	Niantic	СТ	06357-3101	TRVL	X Debit Car	d	
Description gas for campaign car					Event #		
gas for campaign car							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$31.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Getty				09/06/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
224 Magee Ave	Stamford	СТ	06902-5926	TRVL	X Debit Car	d	
Description					Event #		
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$44.01
1 L_1 1NO							

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee 7-Eleven				Date of Payment 09/07/2010	Method of Payr	ment	Amount
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	Purpose of Expenditure	X Debit Car	·d	
Description gas for campaign car		<u>I</u>			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$39.44
Name of Payee				Date of Payment	Method of Payı	ment	Amount
The Harty Press, Inc.	1		T	09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>733</u>		
PO Box 324	New Haven	СТ	06513-0324	A-OTH	Debit Car	d .	
Description Bumper Stickers					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No					1		\$344.50
Name of Payee				Date of Payment	Method of Payı	ment	Amount
IMS, Inc		l .		09/07/2010	X Check #		
Street Address 4809 Morgan Dr	City Chevy Chase	State MD	Zip Code 20815-5310	Purpose of Expenditure CNSLT	732 Debit Car	·d	
Description	Chevy Chase	<u> </u>	1-0013 3310	[Event #		
Research					27 0.1 0.7		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$20,000.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Fas Mart				09/07/2010	Check #		
Street Address	City	State CT	Zip Code 06032-1240	Purpose of Expenditure TRVL	X Debit Car	rd	
1387 Farmington Ave Description	Farmington	CI	00032-1240	IRVL	Event #		
gas for campaign car					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$36.60
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Hess				09/09/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
530 Main St	East Hartford	СТ	06108-3304	TRVL	X Debit Car	d .	
Description gas for campaign car					Event #		
Jan v da paga da							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$37.90
Name of Payee				Date of Payment	Method of Pay	ment	Amount
7-Eleven				09/09/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
2120 Park St	Hartford	СТ	06106-2026	TRVL	X Debit Car	rd	
Description					Event #		
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$32.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Gulf				Date of Payment 09/09/2010	Method of Payr	ment	Amount
	City	Gr. i	7. 0.1		Check #		
Street Address 1127 Capitol Ave	City Hartford	State	Zip Code 06106-1049	Purpose of Expenditure TRVL	X Debit Car	d d	
Description	1101000		-	1	Event #		
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$35.90
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ben Brumleve				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
11018 Graduate Ln Apt K	Charlotte	NC	28262-8875	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$403.85
Name of Payee				Date of Payment	Method of Pay	ment	Amount
David Osorio				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2543 Old Town Rd	Bridgeport	СТ	06606-1336	WAGE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,384.62
X No							μ1,504.02

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nathan Wilson				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
399 Route 165	Preston	СТ	06365-8722	WAGE	X Debit Car	·d	
Description		_	•		Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes X No							\$1,181.54
X No				1			
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nathan Wilson				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
399 Route 165	Preston	СТ	06365-8722	WAGE	X Debit Car	⁻ d	
Description					Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought	•		
which reimbursement is sought? Yes	.,						
X No							\$236.30
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Robert Blanchard				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
18 Indian Ledge Rd	Monroe	СТ	06468-1064	WAGE	X Debit Car	d d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes							\$807.69
X No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Daniel Dauplaise	·		T	09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	 		
108 Mayapple Rd	Stamford	СТ	06903-1307	WAGE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$242.31
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joseph W. Garland				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
32 E Lance Leaf Rd	The Woodlands	TX	77381-2826	WAGE	X Debit Car	^r d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$1,846.15
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Kyle J. Buda				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
420 James St	Bay City	ΜI	48706-3930	WAGE	X Debit Car	·d	
Description					Event #		
In this armonditure according to desire the second to the				007 7			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$807.69
No No							I

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Zack Hyde	_			09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	·d	
42 Lancaster Rd	West Hartford	СТ	06119-1521	WAGE		u	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$807.69
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Shirley A. Surgeon	<u>;</u>		1	09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
160 Adams St	Hartford	СТ	06112-1802	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$923.08
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Aaron Frankel		_	T	09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
28 Farmstead Ln	West Hartford	СТ	06117-2012	WAGE		d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$1,300.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Daniel P. Kelly, Jr.				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
600 Asylum Ave Apt 825	Hartford	СТ	06105-3807	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes							\$3,923.08
X No				1	1		φ3/323.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Caplet				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
113 Brainard Rd	Colchester	СТ	06415-2040	WAGE	X Debit Car	·d	
Description		-	•		Event #		
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	Name		Office Sought			
which reimbursement is sought? Yes	· ·						
X No							\$923.08
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Mandell				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
1678 Randolph Rd	Middletown	СТ	06457-4043	WAGE	X Debit Car	d d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Name		Office Sought			
Yes							\$1,338.46
x _{No}							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Paychex	 		T	09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
11 Riverbend Dr S	Stamford	СТ	06907-2524	BNK	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$66.66
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Paychex				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
11 Riverbend Dr S	Stamford	СТ	06907-2524	BNK	X Debit Car	⁻ d	
Description					Event #		
Is this expenditure coordinated with another candidate for				007 0 1			
which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$287.75
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Paychex				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
11 Riverbend Dr S	Stamford	СТ	06907-2524	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$26.82
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Paychex	<u> </u>		<u> </u>	09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
11 Riverbend Dr S	Stamford	СТ	06907-2524	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$2,085.90
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maxwell Goldman				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
35 Sherwood Ln	Norwich	СТ	06360-5251	WAGE	X Debit Car	⁻ d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$807.69
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Katharine S. Urbank				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
227 Brookdale Rd	Stamford	СТ	06903-4118	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$692.31

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Arielle Reich			_	09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
25 Adams Ave Unit 110	Stamford	СТ	06902-3785	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l		
Yes X No							\$2,115.38
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew LeBeau				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
4 Gorman Pl	East Hartford	CT	06108-1450	WAGE	X Debit Car	·d	
Description			ļ	<u> </u>	Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes							
X No							\$807.69
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Julia Weyland			_	09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
2611 Bainbridge Ln	Silver Spring	MD	20906-5378	WAGE	X Debit Car	^r d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$403.85

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bill Welz				09/10/2010	Check #		
Street Address PO Box 176 93 Tripp Hollow Rd	City	State CT	Zip Code 06234-0176	Purpose of Expenditure WAGE	X Debit Car	·d	
Description	Brooklyn	Ci	00254 0170	WAGE	Event #	-	
Sestipation					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$80.77
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Norwalk Conv. Mart				09/11/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
219 East Ave	Norwalk	СТ	06855-1901	TRVL	X Debit Car	d	
Description					Event #		
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$47.29
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SKD Knickerbocker	1			09/11/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
1818 N St NW Ste 450	Washington	DC	20036-2473	A-TV	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$233,434.70

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
People's United Bank				09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
350 Bedford St Fl 2	Stamford	СТ	06901-1741	BNK	X Debit Car	·d	
Description	<u>!</u>		1		Event #		
Wire transfer fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes							\$25.00
X No				Τ	<u> </u>		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ВР				09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
224 Magee Ave	Stamford	СТ	06902-5926	TRVL	X Debit Car	d	
Description					Event #		
gas for campaign car							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	Iame		Office Sought	<u> </u>		
which reimbursement is sought?	Other Candidate(s) is	anic		Office Sought			
Yes X No							\$40.80
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris McArdle				09/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>737</u>		
41 Bennetts Bridge Rd	Sandy Hook	СТ	06482-1440	CNSLT	Debit Car	d d	
Description			1	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	other Candidate(s) N	lame		Office Sought			
Yes							#1 000 00
X No							\$1,000.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee AT&T				Date of Payment 09/13/2010	Method of Pays	ment	Amount
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507-8110	Purpose of Expenditure OVHD	739 Debit Car	rd	
Description phone - Hartford					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$624.79
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Paychex		ı		09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	 		
11 Riverbend Dr S	Stamford	СТ	06907-2524	WAGE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	iame		Office Sought			
X No				1			\$102.94
Name of Payee Comcast				Date of Payment 09/13/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	738		
PO Box 196		NJ	_	OVHD	Debit Car	·d	
Description Hartford- internet		ı	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$690.33

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nathan Wilson			_	09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
399 Route 165	Preston	СТ	06365-8722	WAGE		ď	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$910.78
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Mobil Simeones				09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
21 Chamberlain Hwy	Kensington	СТ	06037-1920	TRVL	X Debit Car	^r d	
Description					Event #		
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$45.91
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Robert Blanchard				09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>751</u>		
18 Indian Ledge Rd	Monroe	СТ	06468-1064	RCW	Debit Car	d	
Description					Event #		
Sept Stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$154.00
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Daniel P. Kelly, Jr.	Cin.	G	7.01	Date of Payment 09/14/2010	Method of Pays X Check #	ment	Amount
Street Address 600 Asylum Ave Apt 825	City Hartford	State	Zip Code 06105-3807	Purpose of Expenditure RCW	Debit Car	·d	
Description Sept Stipend	Tialitoru	<u> </u>	00103 3007	<u>ren</u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$298.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nathan Wilson				09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	750		
399 Route 165	Preston	CT	06365-8722	RCW	Debit Car	·d	
Description	1			<u> </u>	Event #		
Sept Stipend							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	Other Candidate(s) N	lame		Office Sought			
X No							\$337.71
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Shirley A. Surgeon	Τ		I	09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	748		
160 Adams St	Hartford	СТ	06112-1802	RCW	Debit Car	d	
Description Sept stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$283.73
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee SEIU 32BJ				Date of Payment 09/14/2010	Method of Pays	ment	Amount
Street Address 101 Avenue of the Americas Fl 22	City New York	State NY	Zip Code 10013-1941	Purpose of Expenditure CNSLT	761 Debit Car	·d	
Description salary and benefits for 2 weeks services of							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$4,334.06
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Aaron Frankel				09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>740</u>		
28 Farmstead Ln	West Hartford	СТ	06117-2012	RCW	Debit Car	d	
Description Sept Stipend plus reimbursable expenses					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$482.55
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Zack Hyde			1	09/14/2010	X Check #		
Street Address	City	State CT	Zip Code 06119-1521	Purpose of Expenditure RCW	749 Debit Car	·d	
42 Lancaster Rd	West Hartford	CI	06119-1321	RCW		u	
Description Sept Stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$50.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment 09/14/2010	Method of Pay	ment	Amount
Zack Hyde Street Address 42 Lancaster Rd	City West Hartford	State	Zip Code 06119-1521	Purpose of Expenditure TRVL	X Check # 762 Debit Car	rd	
Description gas reimbursement		ı	-		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$38.21
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joseph W. Garland		ı		09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>757</u>		
32 E Lance Leaf Rd	The Woodlands	TX	77381-2826	RCW	Debit Car	d	
Description Sept Stipend					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$50.00
Name of Payee Kyle J. Buda				Date of Payment 09/14/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	742		
420 James St		MI	48706-3930	RCW	Debit Car	d d	
Description Sept benefit Reimbursement		ı	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$82.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Maxwell Goldman	Γ		1	Date of Payment 09/14/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	753		
35 Sherwood Ln	Norwich	СТ	06360-5251	RCW	Debit Car	d	
Description Sept Stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$50.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Matthew LeBeau	<u> </u>		Т	09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	741		
4 Gorman Pl	East Hartford	СТ	06108-1450	RCW	Debit Car	d .	
Description Sept stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$160.43
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Arielle Reich	1		T	09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>752</u>		
25 Adams Ave Unit 110	Stamford	СТ	06902-3785	RCW	Debit Car	d	
Description Sept Stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$843.62
100							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Michael Caplet	1	1	1	Date of Payment 09/14/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>747</u>		
113 Brainard Rd	Colchester	СТ	06415-2040	RCW	Debit Car	rd	
Description Sept Stipend					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$50.00
				Data of Danisa	Mathada CDani		A
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Ledger Publications		1		09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	758		
740 N Main St Ste W	West Hartford	СТ	06117-2480	A-NEWS	Debit Car	a .	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			4250.00
X No					1		\$350.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Michael Mandell				09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>755</u>		
1678 Randolph Rd	Middletown	СТ	06457-4043	RCW	Debit Car	d .	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$250.00
No No							i

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
People's United Bank	T		T	09/14/2010	Check #		
Street Address 350 Bedford St Fl 2	City Stamford	State CT	Zip Code 06901-1741	Purpose of Expenditure BNK	X Debit Car	·d	
Description	Starmord	<u> - </u>	00301 17 11		Event #		
wire transfer fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$25.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SKD Knickerbocker				09/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1818 N St NW Ste 450	Washington	DC	20036-2473	A-TV	X Debit Car	⁻ d	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$491,250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
7-Eleven				09/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2120 Park St	Hartford	СТ	06106-2026	TRVL	X Debit Car	d	
Description					Event #		
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$32.65
No No							i e

					FILI	NG DUE DATE
					Origin	nal 10/12/2010
N. Expenses Paid By Commi	ttee					
			Date of Payment	_ `	nent	Amount
City	G	T. C. I		Check #		
				X Debit Care	d	
панноги	Ci	00100 2020	I NVL			
or Other Candidate(s) N	ame		Office Sought			
						\$30.20
			Date of Payment	Method of Payr	nent	Amount
			09/16/2010	Check #		
City	State	Zip Code	Purpose of Expenditure	_		
Darien	СТ	06820-5413	TRVL	X Debit Care	d	
				Event #		
or Other Candidate(s) N	ame		Office Sought			
· · · · · · · · · · · · · · · · · · ·						
						\$52.71
			Date of Payment	Method of Payr	nent	Amount
			09/17/2010	X Check #		
City	State	Zip Code	Purpose of Expenditure	<u>766</u>		
Monroe	СТ	06468-1064	RCW	Debit Care	d	
		•		Event #		
or Other Candidate(s) N	ame		Office Sought			\$157.93
f	City Hartford Other Candidate(s) N City Darien Other Candidate(s) N City Monroe	for Other Candidate(s) Name City State CT Other Candidate(s) Name City State CT Other Candidate(s) Name	City Hartford State CT Other Candidate(s) Name City Darien Other Candidate(s) Name City State CT 06820-5413 City Other Candidate(s) Name City Other Candidate(s) Name	City State CT Other Candidate(s) Name Office Sought City State CT Other Candidate(s) Name Office Sought	Date of Payment O9/15/2010 Check # City Hartford CT Other Candidate(s) Name Office Sought Event # Other Candidate(s) Name Office Sought Other Candidate(s) Name Office Sought Event # Date of Payment Sought Other Candidate(s) Name Office Sought Event # Date of Payment Sought Sought Event # Other Candidate(s) Name Office Sought Event #	N. Expenses Paid By Committee City

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Robert Blanchard				Date of Payment 09/17/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
18 Indian Ledge Rd	Monroe	СТ	06468-1064	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$115.39
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Daniel Dauplaise				09/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>765</u>		
108 Mayapple Rd	Stamford	СТ	06903-1307	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$90.85
X No				<u> </u>	1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joseph W. Garland				09/17/2010	X Check #		
Street Address	City	State TX	Zip Code 77381-2826	Purpose of Expenditure RCW	768 Debit Car	rd	
32 E Lance Leaf Rd	The Woodlands	IX	77381-2826	RCW	 		
Description reimbursement 9/12/10-9/18/10					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			#202.C0
X No							\$202.68

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Kyle J. Buda				09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
420 James St	Bay City	MI	48706-3930	WAGE	-	rd .	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$115.39
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Monro Muffler/Brake				09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
330 Prospect Ave , Shop 510	Hartford	СТ	06106-2028	TRVL	X Debit Car	^r d	
Description					Event #		
campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	ļ.		
Yes X No							\$32.61
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Shirley A. Surgeon	_			09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
160 Adams St	Hartford	СТ	06112-1802	WAGE	X Debit Car	⁻ d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$115.39

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Nathan Wilson				Date of Payment 09/17/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>770</u>		
399 Route 165	Preston	СТ	06365-8722	RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$384.54
					1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
SKD Knickerbocker	Г		<u> </u>	09/17/2010	X 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	Debit Car	rd	
Description Palmcards					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$7,690.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
7-Eleven	Г		ı	09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2120 Park St	Hartford	СТ	06106-2026	TRVL	X Debit Car	rd	
Description gas for campaign car					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$49.17

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ittee					
Name of Payee Michael Mandell				Date of Payment 09/17/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>763</u>		
1678 Randolph Rd	Middletown	СТ	06457-4043	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$168.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
					<u> </u>		, mount
Matthew LeBeau				09/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	767 Debit Car	d	
4 Gorman Pl	East Hartford	СТ	06108-1450	RCW	 		
Description reimburse travel expense					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Name		Office Sought			
X No							\$208.82
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Julia Weyland				09/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	771		
2611 Bainbridge Ln	Silver Spring	MD	20906-5378	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$102.56
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew LeBeau				09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
4 Gorman Pl	East Hartford	СТ	06108-1450	WAGE	-	rd .	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l		
Yes X No							\$115.39
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Paychex				09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
11 Riverbend Dr S	Stamford	СТ	06907-2524	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$65.45
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maxwell Goldman		_		09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
35 Sherwood Ln	Norwich	СТ	06360-5251	WAGE	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$115.39

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Bill Welz Street Address	City	State	Zip Code	Date of Payment 09/17/2010 Purpose of Expenditure	Method of Pays X Check #		Amount
PO Box 176 93 Tripp Hollow Rd	Brooklyn	СТ	06234-0176	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$184.30
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Paychex				09/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Clieck #		
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE	X Debit Car	d d	
Description	12.0			<u> </u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$13.09
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew LeBeau	Ī			09/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	vd.	
4 Gorman Pl Description	East Hartford	СТ	06108-1450	Misc *		~	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$30.00
X No							φ _{30.00}

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Zack Hyde				09/18/2010	Check #		
Street Address 42 Lancaster Rd	City	State CT	Zip Code 06119-1521	Purpose of Expenditure WAGE	X Debit Car	·d	
Description	West Hartford	Ci	00119-1321	WAGL	Event #		
					Event "		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$115.39
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Robert Blanchard				09/18/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
18 Indian Ledge Rd	Monroe	СТ	06468-1064	Misc *	X Debit Car	·d	
Description		_	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	-		
Yes X No							\$30.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				09/20/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
430 Universal Dr N	North Haven	СТ	06473-3174	OVHD	X Debit Car	d	
Description					Event #		
New Haven- Paper, toner							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			*165.24
X No							\$165.34

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payr	ment	Amount
trumbull Car Care	T		1	09/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	d	
648 White Plains Rd	Trumbull	СТ	06611-4860	TRVL	Event #	u .	
Description					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$46.10
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Roma Club, Inc.				09/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>773</u>		
100 Front St	Bridgeport	СТ	06606-5107	Misc *	Debit Car	d	
Description			•		Event #		
hall rental/GOTV tour							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought			
Yes X No							\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris McArdle			_	09/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>772</u>		
41 Bennetts Bridge Rd	Sandy Hook	СТ	06482-1440	CNSLT	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$1,000.00
X No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Gulf Oil				09/22/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	ed.	
554 Centre St Mattie Tire Service Description	Middleboro	MA	02346-2051	TRVL	Event #		-
Description					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$48.77
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Frank Pepe Pizzaria				09/23/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
163 Wooster St	New Haven	СТ	06511-5709	FOOD	X Debit Car	rd	
Description		_			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought	-		
Yes X No							\$56.85
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Shell				09/23/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
145 Lordship Blvd	Stratford	СТ	06615-7119	TRVL	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$37.00
No No							ı

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Sunoco		_		09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	V Duna		
467 River Rd	Willington	СТ	06279-1332	TRVL	X Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	Vame		Office Sought			
Yes X No							\$29.99
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Juliet Manalan				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
CAFCA, 555 Windsor St	Hartford	СТ	06120-2418	WAGE	X Debit Car	d	
Description		-			Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$2,769.23
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Juliet Manalan				09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	782		
CAFCA, 555 Windsor St	Hartford	СТ	06120-2418	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$49.30

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Bill Welz				Date of Payment 09/24/2010	Method of Paye	ment	Amount
Street Address PO Box 176 93 Tripp Hollow Rd	City Brooklyn	State CT	Zip Code 06234-0176	Purpose of Expenditure WAGE	X Debit Car	·d	
Description			-		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Name		Office Sought	l		\$807.69
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bill Welz	1		Ī	09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	778		
PO Box 176 93 Tripp Hollow Rd	Brooklyn	СТ	06234-0176	RCW	Debit Car	-a	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
x _{No}							\$49.23
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Logan Clark	<u> </u>	1		09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	·d	
26 Bushy Hill Rd Description	Granby	СТ	06035-2902	WAGE		<u>u</u>	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$323.07
X No							β323.07

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Logan Clark				Date of Payment 09/24/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>785</u>		
26 Bushy Hill Rd	Granby	СТ	06035-2902	RCW	Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			#30.00
X No				T	1		\$20.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Daniel Dauplaise				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
108 Mayapple Rd	Stamford	СТ	06903-1307	WAGE	X Debit Car	^r d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$807.69
X No				<u> </u>	ı		700.000
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nathan Wilson	T		T	09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
399 Route 165	Preston	СТ	06365-8722	WAGE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,600.00
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Ben Brumleve				Date of Payment 09/24/2010	Method of Payr	ment	Amount
Street Address 11018 Graduate Ln Apt K	City Charlotte	State NC	Zip Code 28262-8875	Purpose of Expenditure RCW	781 Debit Car	rd	
Description	Charlotte	IVC	20202 0075	INCW	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$129.23
Name of Payee				Date of Payment	Method of Paya	ment	Amount
David Osorio	i			09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2543 Old Town Rd	Bridgeport	СТ	06606-1336	WAGE	X Debit Car	⁻ d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	•		
Yes X No							\$1,384.62
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Robert Blanchard		1	T	09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.d	
18 Indian Ledge Rd Description	Monroe	СТ	06468-1064	WAGE	Event #	u	
Description					Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	•		
Yes X No							\$923.08

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Ben Brumleve				Date of Payment 09/24/2010	Method of Payr	ment	Amount
Street Address 11018 Graduate Ln Apt K	City Charlotte	State	Zip Code 28262-8875	Purpose of Expenditure WAGE	X Debit Car	·d	
Description Description	Charlotte	IIIC	20202 0075	WAGE	Event #		
,							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$807.69
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Nathan Wilson	1		T	09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>779</u>		
399 Route 165	Preston	СТ	06365-8722	RCW	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$111.28
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Daniel P. Kelly, Jr.	Τ		1	09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
600 Asylum Ave Apt 825	Hartford	СТ	06105-3807	WAGE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			10.000
X No							\$3,923.08

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Daniel P. Kelly, Jr. Street Address 600 Asylum Ave Apt 825 Description	City Hartford	State CT	Zip Code 06105-3807	Date of Payment 09/24/2010 Purpose of Expenditure RCW	Method of Paya X Check # 788 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,839.04
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Shirley A. Surgeon				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check "		
160 Adams St	Hartford	СТ	06112-1802	WAGE	X Debit Car	^r d	
Description		•	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$923.08
Name of Payee Aaron Frankel			_	Date of Payment 09/24/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
28 Farmstead Ln	West Hartford	СТ	06117-2012	WAGE	X Debit Car	'd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,300.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Zack Hyde				Date of Payment 09/24/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>787</u>		
42 Lancaster Rd	West Hartford	СТ	06119-1521	RCW	Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$20.00
X No					1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Zack Hyde				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
42 Lancaster Rd	West Hartford	СТ	06119-1521	WAGE	X Debit Car	·d	
Description		-	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$923.08
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples		I		09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	vd.	
2550 Albany Ave Description	West Hartford	СТ	06117-2301	OFFICE		~	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$68.89
X No							I ************************************

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee Joseph W. Garland Street Address	City	State	Zip Code	Date of Payment 09/24/2010 Purpose of Expenditure	Method of Payer X Check #	ment	Amount
32 E Lance Leaf Rd	The Woodlands	TX	77381-2826	RCW	Debit Car	rd	
Description		•	1	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$383.21
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Joseph W. Garland				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check#		
32 E Lance Leaf Rd	The Woodlands	TX	77381-2826	WAGE	X Debit Car	d d	
Description		!	•	•	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$1,846.15
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Kyle J. Buda		l .		09/24/2010	Check #		
Street Address 420 James St	City	State MI	Zip Code 48706-3930	Purpose of Expenditure WAGE	X Debit Car	rd	
Description	Bay City	1111	40700 3930	WAGE	Event #		
					Brown "		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$923.08
X No							φ 923.06

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILII	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Payı	ment	Amount
GSG Communications, LLC				09/24/2010	X Check #		
Street Address 895 Broadway FI 5	City New York	State NY	Zip Code 10003-1226	Purpose of Expenditure A-WEB	776 Debit Car	ď	
Description Description	New Tork		10000 1220	<u></u>	Event #		
Online Ad test					Event "		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$18,500.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Caplet				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
113 Brainard Rd	Colchester	СТ	06415-2040	WAGE	X Debit Car	d	
Description			•	-	Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$923.08
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Mandell				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1678 Randolph Rd	Middletown	СТ	06457-4043	WAGE	X Debit Car	ď	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	ame		Office Sought			
which reimbursement is sought? Yes No							\$1,338.46

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee 2074 Park Street LLC				Date of Payment 09/24/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>777</u>		
2074 Park St	Hartford	СТ	06106-2051	OVHD	Debit Car	·d	
Description additional space			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$2,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Matthew LeBeau				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
4 Gorman Pl	East Hartford	СТ	06108-1450	WAGE	X Debit Car	rd	
Description		-	1	!	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$923.08
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Arielle Reich				09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>786</u>		
25 Adams Ave Unit 110	Stamford	СТ	06902-3785	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$49.32

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Arielle Reich	<u> </u>			09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	vd.	
25 Adams Ave Unit 110	Stamford	СТ	06902-3785	WAGE		u	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l		
Yes X No							\$2,115.38
Name of Payee				Date of Payment	Method of Pay	ment	Amount
				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2611 Bainbridge Ln	Silver Spring	MD	20906-5378	WAGE	X Debit Car	d	
Description		•			Event #		
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes No							\$807.69
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Julia Weyland				09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>780</u>		
2611 Bainbridge Ln	Silver Spring	MD	20906-5378	RCW	Debit Car	d	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			
x _{No}							\$62.12

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
N. Expenses Paid By Committee							
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Paychex				09/24/2010	Check #		
Street Address 11 Riverbend Dr S	City Stamford	State CT	Zip Code 06907-2524	Purpose of Expenditure WAGE	X Debit Car	·d	
Description	Stamoru	<u> </u>	100307 2021		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$2,691.59
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Dannel Malloy				09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>783</u>		
277 Ocean Dr E	Stamford	СТ	06902-8219	RCW	Debit Car	^r d	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$129.23
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Maxwell Goldman				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
35 Sherwood Ln	Norwich	СТ	06360-5251	WAGE	X Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			4000.00
X No							\$923.08

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Chris McArdle				Date of Payment 09/27/2010	Method of Pays	ment	Amount
Street Address 41 Bennetts Bridge Rd	City Sandy Hook	State	Zip Code 06482-1440	Purpose of Expenditure CNSLT	790 Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			#1 000 00
X No				T	1		\$1,000.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Magnani Press				09/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>793</u>		
120 New Park Ave	Hartford	СТ	06106-2185	Misc *	Debit Car	rd	
Description Lapel Labels			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$707.84
Name of Payee				Date of Payment	Method of Payı	ment	Amount
7-Eleven		Ι		09/27/2010	Check #		
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026	Purpose of Expenditure TRVL	X Debit Car	·d	
Description			-		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$39.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee AT&T Wireless				Date of Payment 09/27/2010	Method of Pays	ment	Amount
Street Address PO Box 6416 Description	City Carol Stream	State IL	Zip Code 60197-6416	Purpose of Expenditure OVHD	792 Debit Car Event #	rd	
Malloy cell phone					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	T Other Candidate(s) N	lame		Office Sought			\$166.67
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Kim Hekking		ı		09/27/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>796</u>		
24 Ocean Dr W	Stamford	СТ	06902-8026	REF	Debit Car	rd	
Description					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$100.00
X No				T	1		\$100.00
Name of Payee SKD Knickerbocker				Date of Payment 09/27/2010	Method of Pays	ment	Amount
	City	Ct-t-	7:- C- 1-	Purpose of Expenditure	794		
Street Address 1818 N St NW Ste 450	•	State DC	Zip Code 20036-2473	A-TV	Debit Car	rd	
Description	Tradiming con		-		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	Other Candidate(s) N	lame		Office Sought			\$143,327.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee SEIU 32BJ				Date of Payment 09/27/2010	Method of Paye	ment	Amount
Street Address 101 Avenue of the Americas Fl 22	City New York	State NY	Zip Code 10013-1941	Purpose of Expenditure	791 Debit Car	rd	
Description 2wks salary and benefits for services of Si		ı			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$4,334.06
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples Direct				09/27/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
800 W Harris St	Eureka	CA	95503-3924	OFFICE	X Debit Car	d .	
Description New Haven Office					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No				T	1		\$105.99
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples Direct	<u> </u>	<u> </u>		09/27/2010	Check #		
Street Address 800 W Harris St	City Eureka	State CA	Zip Code 95503-3924	Purpose of Expenditure OFFICE	X Debit Car	·d	
Description	Luieka	J	33333 332 .		Event #		
Hartford office							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			10
x _{No}							\$97.49

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Staples Direct	1			09/28/2010	Check #		
Street Address 800 W Harris St	City Eureka	State CA	Zip Code 95503-3924	Purpose of Expenditure OFFICE	X Debit Car	ď	
Description	Larena	<u> </u>		I.	Event #		
Waterbury office							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$80.54
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples Direct			_	09/28/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
800 W Harris St	Eureka	CA	95503-3924	TRVL	X Debit Car	d	
Description					Event #		
Waterbury Office							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$80.54
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Cablevision of Connecticut				09/28/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>795</u>		
PO Box 9256	Chelsea	MA	02150-9256	OVHD	Debit Car	d	
Description					Event #		
Stamford phone/internet							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			1007.00
X No							\$237.20

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee 7-Eleven				Date of Payment 09/28/2010	Method of Pay	ment	Amount
	a.	L			Check #		
Street Address 2120 Park St	City	State	Zip Code 06106-2026	Purpose of Expenditure TRVL	X Debit Car	·d	
Description Description	Hartford	<u></u>	00100 2020	IIIVL	Event #	-	
					D.C.I.C.		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$34.20
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Harland Clarke				09/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
10931 Laureate Dr	San Antonio	TX	78249-3312	BNK	X Debit Car	d d	
Description				•	Event #		
More checks							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	!		
which reimbursement is sought? Yes No							\$97.22
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Mandell				09/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>802</u>		
1678 Randolph Rd	Middletown	СТ	06457-4043	RCW	Debit Car	d	
Description					Event #		
Reimbursement 9/24-9/30							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$245.28
X No							·

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
N. Expenses Paid By Committee							
Name of Payee				Date of Payment	Method of Payr	ment	Amount
GSG Communications, LLC	Γ	Π		09/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	vd.	
895 Broadway Fl 5	New York	NY	10003-1226	POLLS		u	
Description Tracking Survey					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$25,800.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
GSG Communications, LLC				09/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
895 Broadway Fl 5	New York	NY	10003-1226	CNSLT	X Debit Car	d	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	-		
Yes X No							\$12,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
People's United Bank		_		09/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
350 Bedford St Fl 2	Stamford	СТ	06901-1741	BNK	X Debit Car	rd	
Description					Event #		
Wire Transfer Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			*35.00
X No							\$25.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Dannel Malloy Street Address	City	State	Zip Code	Date of Payment 09/30/2010 Purpose of Expenditure	Method of Payr X Check # 804	ment	Amount
277 Ocean Dr E	Stamford	СТ	06902-8219	RCW	Debit Car	rd	
Description			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Vame		Office Sought			\$147.09
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Julia Weyland				09/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	801		
2611 Bainbridge Ln	Silver Spring	MD	20906-5378	RCW	Debit Car	rd	
Description	, ,		1		Event #		
Reimbursement 9/24-9/30							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	Jame		Office Sought			
X No							\$82.32
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Matthew LeBeau				09/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	797	,	
4 Gorman Pl	East Hartford	СТ	06108-1450	RCW	Debit Car	ď	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$148.70
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Nathan Wilson Street Address	City	State	Zip Code	Date of Payment 09/30/2010 Purpose of Expenditure	Method of Pays X Check # 798	ment	Amount
399 Route 165	Preston	СТ	06365-8722	RCW	Debit Car	·d	
Description Reimbursement 9/24-9/30			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Name		Office Sought			\$168.97
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Gulf				09/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
1127 Capitol Ave	Hartford	CT	06106-1049	TRVL	X Debit Car	·d	
Description	That do d		ļ	<u> </u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$47.25
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ben Brumleve		1		09/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	799		
11018 Graduate Ln Apt K	Charlotte	NC	28262-8875	RCW	Debit Car	ď	
Description Reimbursement 9/24-9/30					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$43.00
100							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Dan Malloy For Governor						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Kyle J. Buda				Date of Payment 09/30/2010	Method of Paye	ment	Amount
Street Address 420 James St	City Bay City	State MI	Zip Code 48706-3930	Purpose of Expenditure	800 Debit Car	ď	
Description Reimbursement 9/24-9/30 Is this expenditure coordinated with another candidate for which reimbursement is sought?	Description						
Yes X No							\$34.33
Name of Payee Zack Hyde				Date of Payment 09/30/2010	Method of Pays	ment	Amount
Street Address 42 Lancaster Rd	City West Hartford	State CT	Zip Code 06119-1521	Purpose of Expenditure	803 Debit Car	d	
Description Jul/Aug/Sept/Oct Health + travel			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$944.10
No No					Total of Sec	ction N	\$1,148,538.51

	IV.	EXPENDITURES						
NAME OF COMMITTE	Œ						FILING	DUE DATE
Dan Malloy For Gove	rnor						Original	10/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee One State Street Garage				Date of Paymen 09/17/2010		Is Reimbur Claimed?	rsement	Amount
Street Address 1 State St		City Hartford	State CT	Zip Code 06103-310	0	X No		
Purpose of Expenditure TRVL	Description				Event #			\$9.25
Name of Payee BP				Date of Paymen 09/22/2010		Is Reimbur Claimed?		Amount
Street Address 231 Cherry St		City Milford	State CT	Zip Code 06460-350	1	X No		
Purpose of Expenditure TRVL	Description				Event #			\$47.65
Name of Payee Shell				Date of Paymen 09/22/2010		Is Reimbur Claimed?	rsement	Amount
Street Address 145 Lordship Blvd		City Stratford	State CT	Zip Code 06615-711	9	X No		
Purpose of Expenditure TRVL	Description				Event #			\$44.65
Name of Payee City Of Hartford				Date of Paymen 09/23/2010		Is Reimbur Claimed?		Amount
Street Address 550 Main St		City Hartford	State CT	Zip Code 06103-2913	3	X No		
Purpose of Expenditure TRVL	Description Parking				Event #			\$1.20

	IV.	EXPENDITURES						
NAME OF COMMITTE	Œ						FILING	DUE DATE
Dan Malloy For Gove	rnor						Original	10/12/2010
	O. Cam	paign Expenses Paid By Candidate				·		
Name of Payee 7-Eleven				Date of Paymen 09/24/2010	Claimed?			Amount
Street Address 2120 Park St		City Hartford	State CT	Zip Code 06106-202	6	Yes X No		
Purpose of Expenditure TRVL	Description				Event #			\$26.48
Name of Payee Verizon Wireless				Date of Paymen 09/30/2010	C	Reimburs		Amount
Street Address PO Box 15062		City Albany	State NY	Zip Code 12212-506	2	Yes X No		
Purpose of Expenditure OVHD	Description				Event #			\$147.09
					7	Fotal of S	Section O	\$276.32

NAME OF COMMITTEE						FII	LING DUE DATE	
Dan Malloy For Governor						Ori	Original 10/12/2010	
	•							
Name of Issuing Institution Type of Credit Card:								
			Visa	Master Card	Discover	Americ	can	
Other								
Name of Vendor					Date of Transaction		Amount	
Street Address		City	State	Zip Code				
Purpose of Expenditure	Description		<u>'</u>		Event #			
	_							
					Total of Section	ı P		

IV. EXPENDITURES											
NAME OF CO	MMITTEE				FILING DU	JE DATE					
Dan Malloy F	or Governor				Original 10	/12/2010					
Q. Expenses Incurred By Committee but Not Paid During this Period											
Name of Creditor			Date Incurred	Event #		Amount Incurred (Estimate or					
Street Address		City		State	Zip Code	Actual)					
Purpose of Expenditure	Description										
Is this expenditure c which reimburseme Yes	oordinated with another candidate for Other Candida nt is sought?	te(s) Name	Office Sought								
				Total of	Section Q						

IV. E	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origir	nal 10/12/2010
R. Itemization of Reimburs	ements to Committee W	orkers and	Consultants			
Name of Worker/Consultant Brumleve, Benjamin		Date of Pa 09/03/		Method of Paym	ent	Amount
Secondary Payee Renaldi's One Stop		Purpose o	of Expenditure	X Debit Care	i	
Street Address 1588 Route 85	City Oakdale	TINVE	State CT	I -		
Description	1			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$48.40
Name of Worker/Consultant Garland, Joseph		Date of Pa 09/03/		Method of Paym	ent	Amount
Secondary Payee Anthem Blue Cross Blue Shield		Purpose o	of Expenditure	X Debit Card	i	
Street Address 370 Bassett Rd	City North Haven		State CT	Zip Code 06473-4201	L	
Description Aug Sept heath				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes	lidate(s) Name	Office	Sought			
X No						\$283.16

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount		
Reich, Arielle		09/03/	2010	Check #				
Secondary Payee Donut Delight			f Expenditure	X Debit Card	I			
Street Address 417 Elm St	City Stamford	FOOD State CT		Zip Code 06902-5112	<u> </u>			
Description	!			Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes No						\$4.41		
		1		1		<u> </u>		
Name of Worker/Consultant Reich, Arielle		Date of Pa 09/03/		Method of Paym Check #	ent	Amount		
				-				
Secondary Payee New York City Department of Transpo		TRVL	f Expenditure	X Debit Card	1			
Street Address	City		State	Zip Code				
10 Richmond Ter Ste 300	Staten Island		NY	10301-1954	ŀ			
Description				Event #				
Is this expenditure coordinated with another candidate for Other Candi	idate(s) Name	Office	Sought					
which reimbursement is sought? Yes								
X No						\$4.50		

IV. I	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origir	nal 10/12/2010
R. Itemization of Reimburs	sements to Committee Wor	kers and	Consultants			
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount
Reich, Arielle		09/03/	2010	Check #		
Secondary Payee New York City Department of Transpo			f Expenditure	X Debit Care	d	
Street Address 10 Richmond Ter Ste 300	City Staten Island	TRVL State NY		Zip Code 10301-1954	1	
Description				Event #		•
Is this expenditure coordinated with another candidate for Other Can which reimbursement is sought?	didate(s) Name	Office	Sought			
Yes X No						\$5.00
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount
Reich, Arielle		09/03/				
Secondary Payee		Purpose o	f Expenditure			
Mega Wraps		FOOD		X Debit Care	d	
Street Address	City		State	Zip Code	4	
10 State House Sq Description	Hartford		СТ	06103-3604	+	
				Event #		
Is this expenditure coordinated with another candidate for Other Candidate for Which reimbursement is sought?	didate(s) Name	Office	Sought			
Yes						
x No						\$5.48

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origin	nal 10/12/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Frankel, Aaron		Date of Pa	•	Method of Paym	nent	Amount
·				Check#		
Secondary Payee Crazy Bruce's		Purpose o	f Expenditure	X Debit Care	i	
Street Address 178 Newington Rd	City West Hartford		State Zip Code CT 06110-2361		Ĺ	
Description Hartford office			•	Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes No						\$117.69
Name of Worker/Consultant		Date of Pa	Payment Method of Paym		nent	Amount
Frankel, Aaron		09/03/	2010	Check #		
Secondary Payee USPS		Purpose o	of Expenditure	X Debit Care	i	
Street Address 121 Shield St	City West Hartford		State CT	Zip Code 06110-9992	2	
Description				Event #		
which reimbursement is sought?	idate(s) Name	Office	Sought	1		
Yes X No						\$44.44

IV. F	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origin	nal 10/12/2010
R. Itemization of Reimburs	ements to Committe	e Workers an	d Consultan	ts		
Name of Worker/Consultant			f Payment	Method of Payn	nent	Amount
Frankel, Aaron		09/0	3/2010	Check #		
Secondary Payee Walmart		Purpos	e of Expenditure	X Debit Car	d	
Street Address 495 Flatbush Ave	City Hartford	•	State Z		1	
Description Hartford office	•		•	Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	lidate(s) Name	Off	ice Sought			
X No						\$21.45
Name of Worker/Consultant		Date o	f Payment	Method of Payment		Amount
Frankel, Aaron		09/0	3/2010	Check #		
Secondary Payee			e of Expenditure	X Debit Car	d	
Lena's Pizzaria	T	FOO	D			
Street Address 2053 Park St	City Hartford		State CT	Zip Code 06106-202	5	
Description	'			Event #		•
Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Off	ice Sought			
which reimbursement is sought?	nuace(s) Name	Oli	ice sought			
Yes No						\$104.56

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Blanchard, Robert		Date of P		Method of Paym	nent	Amount		
		Purpose o	of Expenditure	X Debit Card				
Mobil Street Address	City	TRVL		Zip Code				
Wilbur Cross Parkway South Description	Orange		СТ	06477 Event #				
				Event				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought					
Yes X No						\$12.08		
Name of Worker/Consultant		Date of P	Date of Payment Method of Paym		nent	Amount		
LeBeau, Matthew		09/03/	2010	Check #				
Secondary Payee Cumberland Farms		Purpose o	of Expenditure	X Debit Care	d			
Street Address 291 Spielman Hwy	City Burlington		State CT	Zip Code 06013-1703	3			
Description gas of 8/16/10				Event #				
which reimbursement is sought?	lidate(s) Name	Office	Sought					
Yes X No						\$23.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant LeBeau, Matthew		Date of P. 09/03/		Method of Paym	nent	Amount		
Secondary Payee Food Bag	Pur TF		of Expenditure	X Debit Care	i			
Street Address 1259 Burnside Ave	City East Hartford		State CT	Zip Code 06108-1512	2			
Description gas of 8/20/10				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$22.00		
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount		
LeBeau, Matthew		09/03/	2010	Check #				
Secondary Payee Food Bag		Purpose of	of Expenditure	X Debit Card	i			
Street Address 1259 Burnside Ave	City East Hartford		State CT	Zip Code 06108-1512	2			
Description gas of 8/22/10				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢25.25		

IV. F	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origin	nal 10/12/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant		Date of P	ayment	Method of Payn	nent	Amount
LeBeau, Matthew		09/03/	2010	Check #		
Secondary Payee Ultra		Purpose o	rrpose of Expenditure X De		d	
Street Address 58 Ellington Rd	City East Hartford	1	State CT	Zip Code 06108-1101		
Description CALLO	1		!	Event #		•
gas of 8/24/10						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	didate(s) Name	Office	Sought			
X No						\$21.75
Name of Worker/Consultant		Date of P	ayment	Method of Payn	nent	Amount
Garland, Joseph		09/03/	2010	Check #		
Secondary Payee Gulf		Purpose o	of Expenditure	X Debit Care	d	
Street Address 1127 Capitol Ave	City Hartford		State CT	Zip Code 06106-1049)	
Description gas of 8/26/10	•		•	Event #		
	lidate(s) Name	Office	Sought	-1		
which reimbursement is sought? Yes						
X No						\$22.50

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Garland, Joseph		Date of P	•	Method of Paym	nent	Amount		
Secondary Payee BP		Purpose o	f Expenditure	X Debit Care	d			
Street Address 611 Main St	City East Hartford	TRVL State CT		Zip Code 06108-3305				
Description			l	Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$52.68		
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount		
Garland, Joseph		09/03/		Check #				
Secondary Payee 7-Eleven		Purpose o	f Expenditure	X Debit Care	d			
Street Address 2120 Park St	City Hartford		State CT	Zip Code 06106-2026	5			
Description gas of 8/22/10				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	I		¢11 22		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants				
Name of Worker/Consultant		Date of P	•	Method of Paym	nent	Amount	
LeBeau, Matthew		09/03/	2010	Check#			
Secondary Payee Shell Bank Street		Purpose o	of Expenditure	X Debit Care	i		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502	<u>)</u>		
Description	ļ.			Event #		•	
which reimbursement is sought? Yes	idate(s) Name	Office	Sought				
x _{No}						\$24.54	
Name of Worker/Consultant		Date of Payment		Method of Paym	ient	Amount	
Weyland, Julia		09/03/	2010	Check #			
Secondary Payee Renaldi's One Stop		Purpose o	of Expenditure	X Debit Care	i		
Street Address 1588 Route 85	City Oakdale		State CT	Zip Code 09011			
Description				Event #		•	
which reimbursement is sought?	idate(s) Name	Office	Sought	ı			
Yes X No						\$31.97	

IV. EXPENDITURES												
NAME OF COMMITTEE					FILI	NG DUE DATE						
Dan Mallov For Governor					Origin	nal 10/12/2010						
R. Itemization of Reimburse	ements to Committee Work	cers and	Consultants									
Name of Worker/Consultant Garland, Joseph		Date of Pa		Method of Paym	ent	Amount						
Secondary Payee 7-Eleven	P -		f Expenditure	X Debit Card	l							
Street Address 2120 Park St	City Hartford		State CT	Zip Code 06106-2026	5							
Description				Event #								
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$20.00						
Name of Worker/Consultant LeBeau, Matthew		Date of Pa		Method of Paym	ent	Amount						
Secondary Payee Ultra		Purpose of Expenditure TRVL								X Debit Card	I	
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? Yes	date(s) Name	Office	Sought			¢18.50						

IV F	XPENDITURES					
1112						
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origin	nal 10/12/2010
R. Itemization of Reimburs	ements to Committee Worl	kers and	Consultants			
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount
Blanchard, Robert		09/04/	2010	Check #		
Secondary Payee			of Expenditure	X Debit Care	d	
Mobil	T	TRVL	1			
Street Address Wilbur Cross Parkway South	City Orange		State CT	Zip Code 06477		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes						
X No						\$6.35
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount
Blanchard, Robert		09/04/	2010	Check #		
Secondary Payee		Durnosa	of Expenditure	1		
Sunoco Monroe		TRVL	or Experienture	X Debit Care	d	
Street Address	City	1	State	Zip Code		•
456 Main St	Monroe		CT	06468-1154	1	
Description			-	Event #		
	idate(s) Name	Office	Sought			
which reimbursement is sought? Yes						
X No						\$12.69

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origin	nal 10/12/2010
R. Itemization of Reimburso	ements to Committee Wor	kers and	Consultants			
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount
LeBeau, Matthew		09/05/	2010	Check #		
Secondary Payee Mobil		Purpose o	rpose of Expenditure X Debit Care		i	
Street Address 954 E Main St	City Meriden	<u> </u>	State CT	Zip Code 06450-6010)	
Description			ļ -	Event #		•
Is this expenditure coordinated with another candidate for Other Cand- which reimbursement is sought?	idate(s) Name	Office	Sought			
X Yes No						\$25.01
Name of Worker/Consultant		Date of P	gyment	Method of Paym	nent .	Amount
Dauplaise, Daniel		09/06/		Check #	ient	Amount
Secondary Payee		Purnose o	of Expenditure	1		
Shell		TRVL	. Emperiume	X Debit Care	1	
Street Address 195 Prospect Ave	City Hartford		State CT	Zip Code 06106-2950)	
Description			-	Event #		
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Ofe	Sought			
which reimbursement is sought?	iuaic(s) Ivaille	Office	Sougiii			
Yes X No						\$44.94

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Blanchard, Robert		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Shell		Purpose o	of Expenditure	X Debit Card	i			
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? Yes No	idate(s) Name	Office	Sought			\$20.20		
Name of Worker/Consultant Wilson, Nathan		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Home Depot		Purpose of Expenditure OFFICE				X Debit Card	i	
Street Address 503 New Park Ave	City West Hartford		State CT	Zip Code 06110-1326	5			
Description Hartford- office supplies				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes Yes	idate(s) Name	Office	Sought	1		¢21 17		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Weyland, Julia		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee 7-Eleven	F -		f Expenditure	X Debit Card	I			
Street Address 2120 Park St	City Hartford		State CT	Zip Code 06106-2026	5			
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$38.89		
Name of Worker/Consultant Garland, Joseph		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Mobil		Purpose of Expenditure TRVL				X Debit Card	I	
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? Yes	date(s) Name	Office	Sought	•		¢27.84		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants		-			
Name of Worker/Consultant Reich, Arielle		Date of Pa		Method of Paym	nent	Amount		
Secondary Payee Starbucks Coffee Co			of Expenditure	X Debit Card	d			
Street Address Bishops Corner	City West Hartford	State CT		Zip Code 06117				
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$3.92		
Name of Worker/Consultant Welz, William		Date of Pa		Method of Paym	nent	Amount		
Secondary Payee Zlotnick's Irving		Purpose of Expenditure TRVL				X Debit Care	d	
Street Address 187 Willimantic Rd	City Chaplin		State CT	Zip Code 06235-2516	5			
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢32.69		

IV. F	EXPENDITURES					
NAME OF COMMITTEE						NG DUE DATE
Dan Mallov For Governor					Origin	nal 10/12/2010
R. Itemization of Reimburs	ements to Committee Wor	rkers and	Consultants			
Name of Worker/Consultant		Date of P	ayment	Method of Payn	nent	Amount
LeBeau, Matthew		09/08/	2010	Check #		
Secondary Payee		Purpose o	of Expenditure	X Debit Care	4	
Cumberland Farms		TRVL		Debit Can	u	
Street Address 291 Spielman Hwy	City Burlington		State CT		3	
Description	!			Event #		•
Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought			•
which reimbursement is sought?						
Yes No						\$22.76
		+		1		
Name of Worker/Consultant		Date of P		Method of Payn	nent	Amount
Blanchard, Robert		09/08/	2010	Check #		
Secondary Payee		Purpose o	of Expenditure	X Debit Care	d	
BP		TRVL		Debit Can	u	
Street Address	City		State	Zip Code		
721 Kings Hwy E	Fairfield		СТ	06825-5417	7	
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought			
Yes						
X No						\$15.00

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Garland, Joseph		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Shell Bank Street			f Expenditure	X Debit Card	i			
Street Address 474 Bank St	City Waterbury		State CT	Zip Code 06708-3502	<u>)</u>			
Description				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$17.30		
Name of Worker/Consultant Blanchard, Robert		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Mobil		Purpose of Expenditure TRVL				X Debit Card	i	
Street Address 31 Danbury Rd	City Ridgefield		State CT	Zip Code 06877-4002	2			
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		\$10.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Worl	kers and	Consultants					
Name of Worker/Consultant		Date of P	-	Method of Paym	nent	Amount		
Dauplaise, Daniel		09/10/	2010	Check #				
Secondary Payee 7-Eleven		Purpose o	of Expenditure	X Debit Care	i			
Street Address 2120 Park St	City Hartford		State CT	Zip Code 06106-2026	5			
Description			1	Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought					
Yes								
X No				_		\$39.92		
Name of Worker/Consultant		Date of Payment		Method of Paym	nent	Amount		
LeBeau, Matthew		09/10/	09/10/2010					
Secondary Payee		Purpose o	of Expenditure	TV Die				
Shell	1	TRVL		X Debit Care	1			
Street Address 915 North Ave	City Bridgeport		State CT	Zip Code 06606-5739	9			
Description	•		•	Event #				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought					
Yes								
x No						\$26.01		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Name of Worker/Consultant		Date of Pa		Method of Paym	nent	Amount	
Welz, William		09/11/	2010	Check#			
Secondary Payee Zlotnick's Irving		Purpose o	f Expenditure X Debit Care		i		
Street Address 187 Willimantic Rd	City Chaplin	State CT		Zip Code 06235-2516	5		
Description			!	Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought				
Yes X No						\$48.77	
Name of Worker/Consultant		Date of Payment Method		Method of Paym	ient	Amount	
Dauplaise, Daniel		09/11/	2010	Check #			
Secondary Payee		Purpose o	f Expenditure	Ī			
Oyster Festival		TRVL		X Debit Care	1		
Street Address	City		State	Zip Code			
Main Street Description	Norwalk		СТ	06854			
Parking				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought	•			
Yes Yes							
X No						\$5.99	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimburse	ements to Committee V	orkers and	Consultants				
Name of Worker/Consultant		Date of Pa	•	Method of Paym	ent	Amount	
Blanchard, Robert		09/11/	2010	Check #			
Secondary Payee Shell - Chesterfield		Purpose o	f Expenditure	X Debit Card	I		
Street Address 123 Main St	City Monroe	'	State CT	Zip Code 06468-1609)		
Description			1	Event #			
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	date(s) Name	Office	Sought				
Yes							
X No						\$6.34	
Name of Worker/Consultant		Date of Pa	Date of Payment Method		ent	Amount	
Garland, Joseph		09/11/	2010	Check #			
Secondary Payee		Purpose o	Purpose of Expenditure				
Mobil		TRVL		X Debit Card	I		
Street Address	City		State	Zip Code			
I-95 South Bound	Madison		СТ	06443			
Description				Event #			
Is this expenditure coordinated with another candidate for Other Candi	date(s) Name	Office	Sought	1			
which reimbursement is sought?			-				
X Yes No						\$50.81	

IV.	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of	Payment	Method of Paym	nent	Amount	
Weyland, Julia		09/1	/2010	Check #			
Secondary Payee Hill Oil		Purpose	of Expenditure	X Debit Card	i		
Street Address 502 Cedar St	City Newington		State CT	Zip Code 06111-1811	L		
Description	•		•	Event #			
Is this expenditure coordinated with another candidate for Other Ca	and data (a) Nama	OFF	- Complet				
which reimbursement is sought?	andidate(s) Name	Offi	ee Sought				
Yes No						\$23.70	
Name of Worker/Consultant		Date of	Payment	Method of Paym	nent	Amount	
Weyland, Julia			1/2010	Check #		, moditi	
Secondary Payee		Purnose	Purpose of Expenditure				
Bethel Fair		Misc		X Debit Care	1		
Street Address	City		State	Zip Code			
Fair grounds	Bethel		СТ	06801			
Description Admission- event expense				Event #			
-	andidate(s) Name	Offi	ce Sought				
which reimbursement is sought? Yes							
X No						\$8.00	

Г	V. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of 1	Payment	Method of Paym	nent	Amount	
Brumleve, Benjamin		09/11	/2010	Check #			
Secondary Payee Food Bag		Purpose TRVL	of Expenditure	X Debit Care	i		
Street Address 384 Silas Deane Hwy	City Wethersfield		State CT	Zip Code 06109-2104	1		
Description	'			Event #			
						•	
Is this expenditure coordinated with another candidate for Othe which reimbursement is sought?	r Candidate(s) Name	Offic	e Sought				
Yes No						\$16.33	
Name of Worker/Consultant		Date of 1	Payment	Method of Paym	nent	Amount	
Brumleve, Benjamin		09/12	/2010	Check #			
Secondary Payee		Purpose	of Expenditure	┦			
Cross Automotive		TRVL		X Debit Care	i		
Street Address	City		State	Zip Code			
708 Silas Deane Hwy Description	Wethersfield		СТ	06109-3027	7	•	
Description				Event #			
	r Candidate(s) Name	Offic	e Sought	1			
which reimbursement is sought? Yes							
X No						\$10.00	

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILIN	NG DUE DATE
Dan Mallov For Governor					Origin	al 10/12/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Blanchard, Robert		Date of Pa		Method of Paym	ent	Amount
Secondary Payee F		Purpose o	f Expenditure	X Debit Card		
Street Address 31 Danbury Rd	City Ridgefield		State CT	Zip Code 06877-4002	2	
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$11.69
Name of Worker/Consultant Reich, Arielle		Date of Pa 09/13/		Method of Paym	ent	Amount
Secondary Payee Donut Delight		Purpose o	f Expenditure	X Debit Card	i	
Street Address 417 Elm St	City Stamford		State CT	Zip Code 06902-5112	2	
Description				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$10.14

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount	
Welz, William		09/13/	2010	Check #			
		Purpose o	of Expenditure	X Debit Card	i		
Street Address 187 Willimantic Rd	City Chaplin	State CT		1 .			
Description			•	Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$49.46	
Name of Worker/Consultant		Date of P	avment	Method of Paym	nent	Amount	
Welz, William		Date of Payment 09/13/2010		Check #		, mount	
Secondary Payee Walmart - #2022		Purpose o	of Expenditure	X Debit Card	i		
Street Address 474 Boston Post Rd	City North Windham		State CT	Zip Code 06256-1052	2		
Description Willanmantic office -ink, Paper				Event #			
Wildinated office link, ruper							
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought				
which reimbursement is sought? Yes							
x No						\$43.12	

IV. I	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origin	nal 10/12/2010
R. Itemization of Reimburs	ements to Committe	e Workers and	l Consultants			
Name of Worker/Consultant			Method of Paym	nent	Amount	
Brumleve, Benjamin		09/13	3/2010	Check #		
Secondary Payee Citgo		Purpose	Purpose of Expenditure		d	
Street Address 1289 Farmington Ave	City Berlin	,	State CT		3	
Description	•		•	Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	lidate(s) Name	Offic	ee Sought	1		
X No						\$12.00
Name of Worker/Consultant		Date of	Date of Payment Method of Payme			Amount
Reich, Arielle		09/13	3/2010	Check #		
Secondary Payee Donut Delight		Purpose	of Expenditure	X Debit Care	d	
Street Address	City	1.55	State	Zip Code		
417 Elm St	Stamford		CT	06902-5112	2	
Description				Event #		
Is this expenditure coordinated with another candidate for Other Can	lidate(s) Name	Offic	e Sought			
which reimbursement is sought?	indate(5) Ivallie	Offic	& Sougiii			
Yes X No						\$4.41

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant LeBeau, Matthew		Date of P		Method of Paym	ent	Amount		
Secondary Payee Shell	Secondary Payee P		f Expenditure	X Debit Card	i			
Street Address 474 Bank St	City Waterbury	•	State CT	Zip Code 06708-3502	<u> </u>			
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$25.70		
Name of Worker/Consultant Garland, Joseph		Date of Page 09/14/		Method of Paym	ent	Amount		
Secondary Payee 7-Eleven		Purpose o	f Expenditure	X Debit Card	i			
Street Address 2120 Park St	City Hartford		State CT	Zip Code 06106-2026	5			
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		\$46.61		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Garland, Joseph		Date of Page 109/14/		Method of Paym	nent	Amount		
Secondary Payee I		Purpose of Expenditure OVHD		X Debit Care	d			
Street Address PO Box 105378	City Atlanta	State GA		Zip Code 30348-5378	3			
Description Sept Stipend				Event #				
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$50.00		
Name of Worker/Consultant LeBeau, Matthew		Date of P		Method of Paym	nent	Amount		
Secondary Payee Anthem Blue Cross Blue Shield			f Expenditure	X Debit Card	d			
Street Address 370 Bassett Rd	City North Haven		State CT	Zip Code 06473-4201	1			
Description Sept health care				Event #				
Is this expenditure coordinated with another candidate for Other Cand-which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$110.43		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant LeBeau, Matthew		Date of P		Method of Paym	ent	Amount		
		Purpose o	of Expenditure	X Debit Card	i			
Street Address PO Box 537104	City Atlanta		State GA	Zip Code 30353-7104	ı			
Is this expenditure coordinated with another candidate for Other Candi	idate(s) Name	Office	Sought	Event #				
which reimbursement is sought? Yes No						\$50.00		
Name of Worker/Consultant Buda, Kyle		Date of P		Method of Paym	ent	Amount		
Secondary Payee Anthem Blue Cross Blue Shield		Purpose o	of Expenditure	X Debit Card	i			
Street Address 120 Monument Cir	City Indianapolis		State IN	Zip Code 46204-4906	5			
Description Sept Stipend				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢32.00		

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount	
Buda, Kyle		09/14/	2010	Check #			
Secondary Payee Sprint		Purpose of Expenditure OVHD		X Debit Care	i		
Street Address 420 James St	City Bay City	State MI		Zip Code 48706-3930)		
Description Sept Stipend			•	Event #			
Sept Stipend							
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought				
Yes X No						\$50.00	
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount	
Caplet, Michael		09/14/	2010	Check #			
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	X Debit Care	i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description Sept Stipend			•	Event #			
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Offic -	Sought				
which reimbursement is sought?	nuace(s) Indiffe	Office	Sought				
Yes X No						\$50.00	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 09/14/2010		Method of Payment Check #		Amount		
Secondary Payee Anthem Blue Cross Blue Shield		Purpose o	of Expenditure	X Debit Care	i			
Street Address 370 Bassett Rd	City North Haven		State CT	Zip Code 06473-4201	L			
Description Sept Stipend				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$233.73		
Name of Worker/Consultant Surgeon, Shirley A.		Date of P. 09/14/		Method of Paym	nent	Amount		
Secondary Payee Verizon		Purpose o	of Expenditure	X Debit Care	i			
Street Address 46 Sycamore Rd	City West Hartford		State CT	Zip Code 06117-2846	5			
Description Sept Stipend				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No.	idate(s) Name	Office	Sought	1		¢50.00		

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origir	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Hyde, Charles		Date of P		Method of Paym	ent	Amount	
Secondary Payee Verizon		Purpose o	of Expenditure	X Debit Card	i		
Street Address 46 Sycamore Rd	City West Hartford		State CT	Zip Code 06117-2846	5		
Description Sept Stipend				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$50.00	
Name of Worker/Consultant Wilson, Nathan		Date of P		Method of Paym	ent	Amount	
Secondary Payee Anthem Blue Cross Blue Shield		Purpose o	of Expenditure	X Debit Card	i		
Street Address 370 Bassett Rd	City North Haven		State CT	Zip Code 06473-4201	L		
Description Sept Stipend				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢287.71	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Wilson, Nathan		Date of Pa		Method of Paym	ent	Amount	
Secondary Payee Verizon			of Expenditure	X Debit Card	i		
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? Yes No	idate(s) Name	Office	Sought			\$50.00	
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount	
Blanchard, Robert		09/14/2010		Check #			
Secondary Payee Aetna		Purpose o	of Expenditure	X Debit Card	i		
Street Address PO Box 72479326	City Philadelphia		State PA	Zip Code 19105-3961	L		
Description Sept Stipend				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	idate(s) Name	Office	Sought	•		\$104.00	

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Blanchard, Robert		Date of Page 09/14/		Method of Payment Check #		Amount		
Secondary Payee Verizon		Purpose of Expenditure OVHD		X Debit Care	l			
Street Address 46 Sycamore Rd	City West Hartford	State Zip Code CT 06117-284		Zip Code 06117-2846				
Description Sept Stipend				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$50.00		
Name of Worker/Consultant Reich, Arielle		Date of P. 09/14/		Method of Paym	ent	Amount		
Secondary Payee City Of Stamford		Purpose o	f Expenditure	X Debit Card	I			
Street Address 888 Washington Blvd	City Stamford		State CT	Zip Code 06901-2902	2			
Description Sept Health Insurance				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No.	idate(s) Name	Office	Sought			¢843.62		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 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 Paym	nent	Amount		
Secondary Payee Verizon		Purpose of Expenditure OVHD		X Debit Care	i			
Street Address 46 Sycamore Rd	City West Hartford	State Zip Code CT 06117-284		Zip Code 06117-2846	5			
Description Sept Stipend				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$50.00		
Name of Worker/Consultant Kelly, Daniel		Date of Payment 09/14/2010		Method of Payment Check #		Amount		
Secondary Payee Golden Rule		Purpose o	of Expenditure	X Debit Card	i			
Street Address 712 11th St	City Lawrenceville		State IL	Zip Code 62439-2316	5			
Description Sept Stipend				Event #				
which reimbursement is sought? Yes	idate(s) Name	Office	Sought					
X No.						¢108.00		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 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 Check #		Amount		
Secondary Payee AT&T Wireless		Purpose of Expenditure OVHD		X Debit Care	i			
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? Yes No	idate(s) Name	Office	Sought			\$100.00		
Name of Worker/Consultant Mandell, Michael		Date of Payment 09/14/2010		Method of Payment Check #		Amount		
Secondary Payee CIGNA		Purpose o	of Expenditure	X Debit Card	i			
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? Yes	idate(s) Name	Office	Sought	1		\$200.00		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of P		Method of Payment Check #		Amount		
Secondary Payee Cingular Wireless		Purpose o	of Expenditure	X Debit Care	i			
Street Address PO Box 17252	City Baltimore	I I		Zip Code 21297-1252				
Description Sept Stipend				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$50.00		
Name of Worker/Consultant Frankel, Aaron		Date of Payment 09/14/2010		Method of Payment Check #		Amount		
Secondary Payee Anthem Blue Cross Blue Shield		Purpose o	of Expenditure	X Debit Card	i			
Street Address 370 Bassett Rd	City North Haven		State CT	Zip Code 06473-4201	L			
Description Sept Stipend				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	idate(s) Name	Office	Sought					
X No						¢144 41		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of P		Method of Payment Check #		Amount		
		Purpose o	of Expenditure	X Debit Card	d			
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 Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$50.00		
Name of Worker/Consultant Welz, William		Date of Payment 09/14/2010		Method of Payment Check #		Amount		
Secondary Payee Walmart - #2022		Purpose o	of Expenditure	X Debit Card	d			
Street Address 474 Boston Post Rd	City North Windham		State CT	Zip Code 06256-1052	2			
Description Willanmantic office-cleaning supplies				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No.	idate(s) Name	Office	Sought	1		\$10.26		

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 09/14/2010		Method of Payment Check #		Amount		
Secondary Payee Sunoco Monroe			of Expenditure	X Debit Card	i			
Street Address 456 Main St	City Monroe	State CT		Zip Code 06468-1154	1			
which reimbursement is sought?	date(s) Name	Office	Sought	Event #				
Yes X No		_				\$14.51		
Name of Worker/Consultant Wilson, Nathan		Date of P		Method of Paym	nent	Amount		
Secondary Payee FedEx Kinko's		Purpose o	of Expenditure	X Debit Care	i			
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? Yes	date(s) Name	Office	Sought			¢363.37		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Malloy For Governor						nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of P		Method of Paym	ent	Amount		
Secondary Payee Donut Delight		Purpose of Expenditure FOOD		X Debit Card	i			
Street Address 417 Elm St	City Stamford	State CT		Zip Code 06902-5112	2			
Description				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$5.73		
Name of Worker/Consultant Brumleve, Benjamin		Date of Payment 09/17/2010		Method of Payment Check #		Amount		
Secondary Payee Sunoco		Purpose o	of Expenditure	X Debit Care	i			
Street Address 350 Foxon Blvd	City New Haven		State CT	Zip Code 06513-2326	5			
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought	•		\$15.00		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origin	nal 10/12/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Mandell, Michael		Date of Payment 09/17/2010		Method of Payment Check #		Amount
Secondary Payee CIGNA		Purpose o	of Expenditure	X Debit Care	d	
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 Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$134.00
Name of Worker/Consultant Mandell, Michael		Date of Payment 09/17/2010		Method of Payment Check #		Amount
Secondary Payee Cingular Wireless		Purpose o	of Expenditure	X Debit Care	d	
Street Address PO Box 17252	City Baltimore		State MD	Zip Code 21297-1252	2	
Description remainder of Aug Stipend				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢34.00

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Payment 09/17/2010		Method of Paym	ent	Amount		
Secondary Payee Secondi's Truckstop			of Expenditure	X Debit Card	i			
Street Address 365 Old Gate Ln	City Milford	State CT		Zip Code 06460-8615	5			
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought?	idate(s) Name	Office	Sought	Event #				
Yes X No						\$22.51		
Name of Worker/Consultant Blanchard, Robert		Date of Page 17/		Method of Paym	ent	Amount		
Secondary Payee Sunoco Monroe		Purpose of	of Expenditure	X Debit Care	i			
Street Address 456 Main St	City Monroe		State CT	Zip Code 06468-1154	ļ			
Description				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢1// QQ		

IV. EXPENDITURES								
1V. E	AFENDITURES				1			
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount		
Blanchard, Robert		09/17/	2010	Check #				
Secondary Payee Mobil		Purpose o	of Expenditure	X Debit Care	d			
Street Address 31 Danbury Rd	City Ridgefield	State CT		Zip Code 06877-4002	2			
Description			1	Event #		•		
						•		
which reimbursement is sought? Yes	idate(s) Name	Office	Sought			411.57		
No		1		1		\$11.57		
Name of Worker/Consultant		Date of Payment		Method of Payment		Amount		
LeBeau, Matthew		09/18/	2010	Check #				
Secondary Payee			of Expenditure	X Debit Card				
Sunoco	Γ	TRVL	I					
Street Address 737 W Main St	City New Britain		State CT	Zip Code 06053-3837	7			
Description				Event #				
						•		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$23.75		

IV. EXPENDITURES								
IV. E	ATENDITURES				Γ			
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount		
Brumleve, Benjamin		09/18/	2010	Check #				
		Purpose of Expenditure TRVL		X Debit Care	i			
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? Yes No	idate(s) Name	Office	Sought	1		\$22.00		
Name of Worker/Consultant		Date of P	avment	Method of Paym	nent	Amount		
LeBeau, Matthew		Date of Payment 09/18/2010		Check #		, mount		
Secondary Payee Shell		Purpose o	f Expenditure					
Street Address 474 Bank St	City Waterbury		State CT	Zip Code 06708-3502	2			
Description				Event #				
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought					
which reimbursement is sought?	nuaco(3) raille	Office	oougiit					
Yes X No						\$23.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Kelly, Daniel		Date of P		Method of Paym	ent	Amount		
Secondary Payee Staples			f Expenditure	X Debit Card	i			
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? Yes No	idate(s) Name	Office	Sought	•		\$479.04		
Name of Worker/Consultant		Date of P		Method of Paym	ent	Amount		
Welz, William		09/19/	2010	Check#				
Secondary Payee Zlotnick's Irving		Purpose of TRVL	f Expenditure	X Debit Card	i			
Street Address 187 Willimantic Rd	City Chaplin		State CT	Zip Code 06235-2516	5			
Description				Event #				
which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No.						¢49.23		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Weyland, Julia		Date of P	-	Method of Paym	nent	Amount		
		Purpose o	of Expenditure	X Debit Care	i			
Street Address 64 Newtown Rd	City Danbury	State CT		Zip Code 06810-6237				
Description				Event #				
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$32.05		
Name of Worker/Consultant Weyland, Julia		Date of P		Method of Paym	ent	Amount		
Secondary Payee West Hartford Lock		Purpose o	of Expenditure	X Debit Card	i			
Street Address 360 Prospect St	City Hartford		State CT	Zip Code 06109-3644	1			
Description Key				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$2.12		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Wilson, Nathan		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Staples			of Expenditure	X Debit Card	i			
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301	L			
Description Print Cartridge/Hartford Office				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$111.28		
Name of Worker/Consultant		Date of Payment		Method of Payment		Amount		
Garland, Joseph		09/21/2010		Check #				
Secondary Payee Food Bag		Purpose o	of Expenditure	X Debit Card	i			
Street Address 327 S Main St	City Colchester		State CT	Zip Code 06415-1427	7			
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢53.44		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
		Date of Page 199/21/		Method of Payment Check #		Amount		
		Purpose o	of Expenditure	X Debit Card	i			
Street Address 537 Farmington Ave	City Hartford		State CT	Zip Code 06105-3048	3			
Description LGBT Event				Event # 09212010a				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$360.00		
Name of Worker/Consultant Manalan, Juliet		Date of P		Method of Paym	ent	Amount		
Secondary Payee Amano Imperial Parking		Purpose o	of Expenditure	X Debit Card	i			
Street Address 10 Middle St	City Bridgeport		State CT	Zip Code 06604-4223	3			
Description Parking				Event #				
which reimbursement is sought? Yes	idate(s) Name	Office	Sought					
X No						\$3.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of Page 109/21/		Method of Paym	ient	Amount		
		Purpose o	f Expenditure	X Debit Care	i			
7-Eleven Street Address 2120 Park St	City Hartford	TRVL		State Zip Code				
Description	Hartord		СТ	06106-2026 Event #	,			
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$20.00		
Name of Worker/Consultant Reich, Arielle		Date of P. 09/22/		Method of Paym	ient	Amount		
Secondary Payee Donut Delight			f Expenditure	X Debit Card	i			
Street Address 417 Elm St	City Stamford		State CT	Zip Code 06902-5112	2			
Description				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢5.73		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of P		Method of Payn	nent	Amount		
LeBeau, Matthew		09/22/	2010	Check #				
Secondary Payee Shell		Purpose o	of Expenditure	X Debit Care	d			
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502				
Description			•	Event #				
						•		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought					
Yes X No								
X No		+		1		\$23.75		
Name of Worker/Consultant		Date of Payment Me		Method of Payn	nent	Amount		
Manalan, Juliet		09/22/	2010	Check #				
Secondary Payee		Purpose o	of Expenditure	X Debit Care	d			
City Of Hartford	1	TRVL	_	Debit Care	u			
Street Address 550 Main St	City Hartford		State CT	Zip Code 06103-2913	3			
Description			-	Event #				
Parking								
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	lidate(s) Name	Office	Sought					
Yes								
x No						\$1.50		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origir	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount		
Manalan, Juliet		09/22/	2010	Check #				
Secondary Payee Mobil		Purpose o	of Expenditure	X Debit Care	i			
Street Address Wilbur Cross Parkway	City North Haven	ı	State CT	Zip Code 06473				
Description	North Haven			Event #				
				Event#				
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought	•				
Yes								
X No						\$44.80		
Name of Worker/Consultant		Date of Payment Metho		Method of Paym	nent	Amount		
Brumleve, Benjamin		09/22/2010		Check #				
Secondary Payee		Purpose o	urpose of Expenditure					
Citgo		TRVL		X Debit Care	i			
Street Address	City		State	Zip Code				
572 Washington St Description	Middletown		СТ	06457-2513	3			
Description				Event #				
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought	1				
which reimbursement is sought? Yes								
X No						\$20.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Weyland, Julia		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Staples			f Expenditure	X Debit Card	i			
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? Yes No	date(s) Name	Office	Sought			\$2.53		
Name of Worker/Consultant Clark, Logan		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee 7-Eleven		Purpose o	f Expenditure	X Debit Card	i			
Street Address 2120 Park St	City Hartford		State CT	Zip Code 06106-2026	5			
Description				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	date(s) Name	Office	Sought	•		\$20.00		

IV. F	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Dan Mallov For Governor					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount	
Weyland, Julia		09/23/	2010	Check #			
Secondary Payee Mobil		Purpose o	of Expenditure X Debit Car		d		
Street Address 100 N Elm St	City Torrington	1	State CT	Zip Code 06790-4605			
Description	Torrington		<u> </u>	Event #			
				Event "			
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	lidate(s) Name	Office	Sought				
Yes						400.07	
x No		1		1		\$30.07	
Name of Worker/Consultant		Date of Payment Me		Method of Paym	nent	Amount	
Kelly, Daniel		09/23/	2010	Check #			
Secondary Payee			f Expenditure	X Debit Care	d		
AT&T Store	1	OVHD	1				
Street Address 442 S Main St	City West Hartford		State CT	Zip Code 06110-1679	9		
Description				Event #			
Phone Line: Hartford Office							
Is this expenditure coordinated with another candidate for Which reimbursement is sought?	lidate(s) Name	Office	Sought				
Yes							
X No						\$1,000.00	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount		
LeBeau, Matthew		09/24/	2010	Check #				
Secondary Payee Shell		Purpose o	ose of Expenditure X Debit		i			
Street Address 474 Bank St	City Waterbury		State CT	Zip Code 06708-3502)			
Description	Waterbury		<u> </u>	Event #	-	•		
				Event #				
	lidate(s) Name	Office	Sought	<u> </u>				
which reimbursement is sought? Yes								
x No						\$28.00		
Name of Worker/Consultant		Date of Payment Method of Pay			nent	Amount		
Brumleve, Benjamin		09/24/	2010	Check #				
Secondary Payee		Purnose o	of Expenditure	1_				
7-Eleven		TRVL	2 Emperiantial C	X Debit Care	i			
Street Address 2120 Park St	City Hartford	•	State CT	Zip Code 06106-2026	5			
Description			1	Event #		•		
				Z vonc n				
T =	lidate(s) Name	Office	Sought	•		•		
which reimbursement is sought? Yes								
X No						\$5.50		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Dan Mallov For Governor					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Weyland, Julia		Date of Pa		Method of Paym	nent	Amount		
		Purpose of Expenditure OVHD		X Debit Card	i			
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? Yes No	idate(s) Name	Office	Sought	•		\$12.72		
Name of Worker/Consultant Weyland, Julia		Date of Payment 09/25/2010		Method of Payment Check #		Amount		
weyland, Julia		09/23/	2010	Check#				
Secondary Payee Shell - Exit 8		Purpose o	of Expenditure	X Debit Care	i			
Street Address 101 Newtown Rd	City Danbury		State CT	Zip Code 06810-4120)			
Description				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢33.18		

IV. EXPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE			
Dan Mallov For Governor					Origir	nal 10/12/2010			
R. Itemization of Reimbursements to Committee Workers and Consultants									
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount			
Buda, Kyle		09/27/	2010	Check #					
		Purpose of Expenditure TRVL		X Debit Care	d				
Street Address 500 Boston Post Rd	City Guilford	State CT		Zip Code 06437-2753	3				
Description			•	Event #					
which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1					
X No		1		1		\$34.33			
Name of Worker/Consultant		Date of Payment		Method of Paym	nent	Amount			
Brumleve, Benjamin		09/27/	2010	Check #					
Secondary Payee Middletown Irving		Purpose o	f Expenditure	X Debit Card					
Street Address	City		State	Zip Code					
543 Washington St	Middletown		СТ	06457-2512	2				
Description				Event #					
	idate(s) Name	Office	Sought			•			
which reimbursement is sought? Yes									
X No						\$11.00			

IV. EXPENDITURES														
NAME OF COMMITTEE					FILI	NG DUE DATE								
Dan Mallov For Governor					Origin	nal 10/12/2010								
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants											
Name of Worker/Consultant Wilson, Nathan		Date of Pa		Method of Paym Check #	ent	Amount								
Secondary Payee Staples		Purpose of Expenditure OFFICE		X Debit Card	I									
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301		,								
Description Supplies Hartford office				Event #										
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$120.13								
Name of Worker/Consultant Wilson, Nathan		Date of Pa		Method of Paym	ent	Amount								
Secondary Payee Mobil		Purpose of Expenditure TRVL										X Debit Card	i	
Street Address 176 West St	City Cromwell		State CT	Zip Code 06416-1880)									
Description				Event #										
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	date(s) Name	Office	Sought	•		¢32.04								

IV. EXPENDITURES							
NAME OF COMMITTEE					FILIN	NG DUE DATE	
Dan Mallov For Governor			Origin	al 10/12/2010			
R. Itemization of Reimbursements to Committee Workers and Consultants							
		Date of Pa		Method of Payment Check #		Amount	
Secondary Payee Food Bag			f Expenditure	X 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? Yes No	date(s) Name	Office	Sought			\$24.50	
Name of Worker/Consultant Wilson, Nathan Date of Payment 09/29/2010			Method of Paym	ent	Amount		
Secondary Payee West Hartford Lock		Purpose of Expenditure OVHD		X Debit Card			
Street Address 360 Prospect St	City Hartford		State CT	Zip Code 06109-3644	ļ		
Description keys for new space - Hartford Office				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	date(s) Name	Office	Sought	•		\$15.90	

IV. F	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor			Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant		Date of P		Method of Paym	nent	Amount
Brumleve, Benjamin		09/29/2010		Check #		
Secondary Payee BP		Purpose o	of Expenditure	X Debit Card		
Street Address 611 Main St	City East Hartford	1	State CT	Zip Code 06108-3305	5	
Description			1	Event #		
				Byene "		
	lidate(s) Name	Office	Sought	•		•
which reimbursement is sought? Yes						
X No				_		\$12.00
Name of Worker/Consultant		Date of P	ayment	Method of Paym	nent	Amount
Weyland, Julia		09/29/	2010	Check #		
Secondary Payee		Purpose o	of Expenditure	1		
Shell		TRVL		X Debit Card		
Street Address 857 Main St	City Torrington		State CT	Zip Code 06790-3346	5	
Description	•		•	Event #		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	lidate(s) Name	Office	Sought			
Yes						
X No						\$31.78

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor				Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount
Hyde, Charles		09/29/2010		Check #		
Secondary Payee		Purpose of Expenditure		X Debit Card		
7-Eleven	Τ	TRVL				•
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026		
Description				Event #		
Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought			
which reimbursement is sought?	,		Ü			
X No						\$20.02
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount
Hyde, Charles		09/30/	2010	Check #		
Secondary Payee	Purpose of Expenditure		X Debit Care			
CBIA Service Corp.		WAGE	1	Debit Care	и	•
Street Address 350 Church St	City Hartford		State CT	Zip Code 06103-1136	5	
Description			1	Event #	_	
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought			
Yes No						\$924.08

IV. EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE
Dan Mallov For Governor					Origir	nal 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 Check #		Amount
Secondary Payee Hilton Hartford		Purpose of Expenditure TRVL		X Debit Card		
Street Address 315 Trumbull St	City Hartford		State CT	Zip Code 06103-1137	7	
Description Malloy reservation for Oct 5 debate				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought	•		\$245.28
				Total of So	ection R	\$8,970.83

IV. EXPI	ENDITURES				
NAME OF COMMITTEE				FII	LING DUE DATE
Dan Malloy For Governor				Or	iginal 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	on S	