

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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Page 1 of 137

**SUMMARY PAGE**

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
<b>Dan Malloy For Governor</b>				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	<b>Len</b>	<b>S</b>	<b>Miller</b>		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
<b>8 Kings Ln</b>		<b>Essex</b>	<b>CT</b>	<b>06426</b>	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
<b>11/02/2010</b>		<b>Governor</b>			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	<b>Dannel</b>	<b>P.</b>	<b>Malloy</b>		
9. TYPE OF REPORT					
<b>October 10 Filing - Original</b>					
10. PERIOD COVERED					
Beginning Date		Ending Date			
<b>09/03/2010</b>		thru		<b>09/30/2010</b>	
11. CERTIFICATION					
<input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete.					
<b>Electronic Filing</b>		<b>Len Miller</b>		<b>10/12/2010</b>	
SIGNATURE		PRINT NAME OF THE SIGNER		DATE CERTIFIED	
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.					

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08

**SUMMARY PAGE  
TOTALS**

NAME OF COMMITTEE	FILING DUE DATE	
<b>Dan Malloy For Governor</b>	Original 10/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		<b>\$0.00</b>
13. Balance on hand at the beginning of Reporting Period	<b>\$5,684,116.67</b>	
14. Contributions received from Individuals (Section A and B)	<b>\$0.00</b>	<b>\$192,746.00</b>
15. Receipts from Other Committees (Sections C1 + C2)	<b>\$0.00</b>	<b>\$58,489.41</b>
16. Other Monetary Receipts (Section D-1)	<b>\$350.00</b>	<b>\$8,502,757.57</b>
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	<b>\$0.00</b>	<b>\$0.00</b>
18. Total Monetary Receipts (add totals for lines 14-17)	<b>\$350.00</b>	<b>\$8,753,992.98</b>
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	<b>\$5,684,466.67</b>	<b>\$8,753,992.98</b>
20. Expenses Paid by Committee (Section N)	<b>\$1,148,538.51</b>	<b>\$4,218,064.82</b>
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	<b>\$4,535,928.16</b>	<b>\$4,535,928.16</b>
22. In-Kind Donations not Considered Contributions Received (Section J3)	<b>\$0.00</b>	<b>\$1,797.67</b>
23. In-Kind Contributions Received (Section K)	<b>\$0.00</b>	<b>\$165.82</b>
24. Refundable Deposit to Telephone Company (Section L)	<b>\$0.00</b>	<b>\$0.00</b>
25. Receipts of Organization Expenditures (Section M)	<b>\$0.00</b>	<b>\$0.00</b>
26. Beginning Loan Balance	<b>\$0.00</b>	<b>\$0.00</b>
26a. + Loans Received (Section D)	<b>\$0.00</b>	<b>\$0.00</b>
26b. + Interest and Penalties on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26c. - Payments on Loan(s)	<b>\$0.00</b>	<b>\$0.00</b>
26d. Total Outstanding Loan Amount	<b>\$0.00</b>	<b>\$0.00</b>
27. Campaign Expenses Paid By Candidate (Section O)	<b>\$276.32</b>	<b>\$1,031.14</b>
28. Expenses Incurred on Committee Credit Card (Section P)	<b>\$0.00</b>	<b>\$0.00</b>
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	<b>\$0.00</b>	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	<b>\$0.00</b>	

<b>I. MONETARY RECEIPTS (Section A-I)</b>									
NAME OF COMMITTEE								FILING DUE DATE	
Dan Malloy For Governor								Original 10/12/2010	
<b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> <i>(See instructions for definition of Small Contributor)</i>						<b>Subtotal Section A</b>			
<b>B. Itemized Contributions from Individuals</b>									
Last Name		First Name			MI	Method of contribution: Cash                      Personal Check Money Order            Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City			State	Zip Code		Date Received	
Principal Occupation		Name of Employer			Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes	No	
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:				Yes	No	Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Yes	No
				Executive	Legislative			Aggregate Contributions	
<b>Total of Section B</b>									
<b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>									

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

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

**C1. Contributions from Other Committees**

Name of Committee	Name of Treasurer
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Address	Is this contribution associated with a fundraising event listed in Section J1?	Yes No	If yes, list Event # Amount of Contribution	
City	State	Zip Code	Date Received	Aggregate Contributions
<b>Total of Section C1</b>				

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

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

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

**D. Loans Received this Period**

Name of Lender				Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address	City	State	Zip Code	Bank	Yes	
Name of Cosigner/Guarantor				Candidate	No	
Street Address	City	State	Zip Code	Individual		
				Other Committee		
				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**

<b>I. MONETARY RECEIPTS (Section A-I)</b>					
NAME OF COMMITTEE					FILING DUE DATE
Dan Malloy For Governor					Original 10/12/2010
<b>F. Anonymous Contributions</b>					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
<b>Total of Section F</b>					

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

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

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

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

## II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Dan Malloy For Governor	FILING DUE DATE Original 10/12/2010
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### J1. Fundraising Event Information

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

Was this fundraising event hosted at a personal residence?  Yes  No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50?  Yes  No

Was this fundraiser a tag sale, auction, or other sale of donated items?  Yes  No

**II. FUNDRAISING EVENT ACTIVITY**

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

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

Name of the Purchaser <i>(Individuals ONLY)</i>	Last Name	First Name	MI	Method of payment:			Aggregate Amount of Purchases
				Cash	Personal Check	Credit/Debit Card	
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

**Total of Section J2**

**II. FUNDRAISING EVENT ACTIVITY**

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

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

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

<b>Total of Section J3</b>					
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**III. NONMONETARY RECEIPTS**

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

**K. In-Kind Contributions**

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

**III. Non Monetary Receipts**

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

**L. Refundable Deposit to Telephone Company**

Last Name ( Individuals Only )	First Name	MI	Date Received	Amount of Deposit
Street Address	City	State	Zip Code	
Name of Telephone company				
Street Address	City	State	Zip Code	
<b>Total of Section L</b>				

<b>III. NONMONETARY RECEIPTS</b>						
NAME OF COMMITTEE				FILING DUE DATE		
Dan Malloy For Governor				Original 10/12/2010		
<b>M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee</b>						
Name of Committee			Name of Treasurer			
Street Address			Date Notice Received	Fair Market Value of Donation		
City	State	Zip Code	Aggregate Donations			
Description of Donation		Purpose of Expenditure				
		A	B	C	D	E
<b>Total of Section M</b>						

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Old State HUse	09/03/2010	<input type="checkbox"/> Check #		
Street Address 800 Main St	City Hartford	State CT		Zip Code 06103-2301
Purpose of Expenditure A-TV				<input checked="" type="checkbox"/> Debit Card
Description photo shoot				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$1,585.00	
SKD Knickerbocker	09/03/2010	<input type="checkbox"/> Check #		
Street Address 1818 N St NW Ste 450	City Washington	State DC		Zip Code 20036-2473
Purpose of Expenditure A-TV				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$65,821.00	
Wolfe Promotional Services	09/03/2010	<input checked="" type="checkbox"/> Check #		
Street Address 56 Far Horizon Dr	City Monroe	State CT		Zip Code 06468-1733
Purpose of Expenditure A-OTH				<input type="checkbox"/> Debit Card
Description Signs, Banners, T-shirts				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$43,352.86	

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
FBO Hartford Parking					09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
55 S Chapel St	Hartford	CT	06103-1131	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$4.50
Name of Payee					Date of Payment	Method of Payment	Amount
Exxon Mobil					09/05/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 Main St	Niantic	CT	06357-3101	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$31.00
Name of Payee					Date of Payment	Method of Payment	Amount
Getty					09/06/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
224 Magee Ave	Stamford	CT	06902-5926	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$44.01

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					09/07/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
2120 Park St	Hartford	CT	06106-2026	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$39.44	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Harty Press, Inc.					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 324	New Haven	CT	06513-0324	A-OTH	<input type="checkbox"/> Debit Card		
Description						Event #	
Bumper Stickers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$344.50	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
IMS, Inc					09/07/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
4809 Morgan Dr	Chevy Chase	MD	20815-5310	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
Research							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$20,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
399 Route 165	Preston	CT	06365-8722	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,181.54	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
399 Route 165	Preston	CT	06365-8722	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$236.30	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
18 Indian Ledge Rd	Monroe	CT	06468-1064	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$807.69	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel Dauplaise					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
108 Mayapple Rd		Stamford	CT	06903-1307	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$242.31
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,846.15
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
420 James St		Bay City	MI	48706-3930	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$807.69

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
42 Lancaster Rd	West Hartford	CT	06119-1521	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$807.69
Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
160 Adams St	Hartford	CT	06112-1802	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$923.08
Name of Payee					Date of Payment	Method of Payment	Amount
Aaron Frankel					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
28 Farmstead Ln	West Hartford	CT	06117-2012	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,300.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
600 Asylum Ave Apt 825		Hartford	CT	06105-3807	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$3,923.08
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Caplet					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
113 Brainard Rd		Colchester	CT	06415-2040	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$923.08
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Mandell					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1678 Randolph Rd		Middletown	CT	06457-4043	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,338.46
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
11 Riverbend Dr S	Stamford	CT	06907-2524	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$66.66	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
11 Riverbend Dr S	Stamford	CT	06907-2524	BNK			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$287.75	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/10/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card		
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$26.82	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2,085.90
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Maxwell Goldman					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
35 Sherwood Ln		Norwich	CT	06360-5251	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$807.69
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Katharine S. Urbank					09/10/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
227 Brookdale Rd		Stamford	CT	06903-4118	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$692.31
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

## IV. EXPENDITURES

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Dan Malloy For Governor	Original 10/12/2010

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
AT&T	09/13/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507-8110
Purpose of Expenditure OVHD		<u>739</u> <input type="checkbox"/> Debit Card	
Description phone - Hartford		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$624.79
Name of Payee Paychex	Date of Payment 09/13/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 11 Riverbend Dr S	City Stamford	State CT	Zip Code 06907-2524
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$102.94
Name of Payee Comcast	Date of Payment 09/13/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address PO Box 196	City Newark	State NJ	Zip Code 07101-0196
Purpose of Expenditure OVHD		<u>738</u> <input type="checkbox"/> Debit Card	
Description Hartford- internet		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$690.33

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Daniel P. Kelly, Jr.	09/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 600 Asylum Ave Apt 825	City Hartford	State CT		Zip Code 06105-3807
Purpose of Expenditure RCW				754 <input type="checkbox"/> Debit Card
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$298.00	
Nathan Wilson	09/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 399 Route 165	City Preston	State CT		Zip Code 06365-8722
Purpose of Expenditure RCW				750 <input type="checkbox"/> Debit Card
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$337.71	
Shirley A. Surgeon	09/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 160 Adams St	City Hartford	State CT		Zip Code 06112-1802
Purpose of Expenditure RCW				748 <input type="checkbox"/> Debit Card
Description Sept stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$283.73	

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Maxwell Goldman	09/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 35 Sherwood Ln	City Norwich	State CT		Zip Code 06360-5251
Purpose of Expenditure RCW				753 <input type="checkbox"/> Debit Card
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$50.00	
Matthew LeBeau	09/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 4 Gorman Pl	City East Hartford	State CT		Zip Code 06108-1450
Purpose of Expenditure RCW				741 <input type="checkbox"/> Debit Card
Description Sept stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$160.43	
Arielle Reich	09/14/2010	<input checked="" type="checkbox"/> Check #		
Street Address 25 Adams Ave Unit 110	City Stamford	State CT		Zip Code 06902-3785
Purpose of Expenditure RCW				752 <input type="checkbox"/> Debit Card
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$843.62	

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee Kyle J. Buda					Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 420 James St	City Bay City	State MI	Zip Code 48706-3930	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$115.39	
Name of Payee Monro Muffler/Brake					Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 330 Prospect Ave , Shop 510	City Hartford	State CT	Zip Code 06106-2028	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Description campaign car						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$32.61	
Name of Payee Shirley A. Surgeon					Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 160 Adams St	City Hartford	State CT	Zip Code 06112-1802	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought		\$115.39	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	770	
399 Route 165		Preston	CT	06365-8722	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$384.54
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
SKD Knickerbocker					09/17/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	764	
1818 N St NW Ste 450		Washington	DC	20036-2473	A-OTH	<input type="checkbox"/> Debit Card	
Description						Event #	
Palmcards							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$7,690.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					09/17/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
2120 Park St		Hartford	CT	06106-2026	TRVL	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$49.17
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Sunoco					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
467 River Rd		Willington	CT	06279-1332	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$29.99
Name of Payee					Date of Payment	Method of Payment	Amount
Juliet Manalan					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
CAFCA, 555 Windsor St		Hartford	CT	06120-2418	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,769.23
Name of Payee					Date of Payment	Method of Payment	Amount
Juliet Manalan					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>782</u> <input type="checkbox"/> Debit Card	
CAFCA, 555 Windsor St		Hartford	CT	06120-2418	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$49.30

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount	
Bill Welz					09/24/2010	<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
PO Box 176 93 Tripp Hollow Rd	Brooklyn	CT	06234-0176	WAGE	<input checked="" type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name				Office Sought				\$807.69
Name of Payee					Date of Payment	Method of Payment	Amount	
Bill Welz					09/24/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
PO Box 176 93 Tripp Hollow Rd	Brooklyn	CT	06234-0176	RCW	<input type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name				Office Sought				\$49.23
Name of Payee					Date of Payment	Method of Payment	Amount	
Logan Clark					09/24/2010	<input type="checkbox"/> Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure				
26 Bushy Hill Rd	Granby	CT	06035-2902	WAGE	<input checked="" type="checkbox"/> Debit Card			
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Other Candidate(s) Name				Office Sought				\$323.07

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Logan Clark					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	785	
26 Bushy Hill Rd		Granby	CT	06035-2902	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$20.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel Dauplaise					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	785	
108 Mayapple Rd		Stamford	CT	06903-1307	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$807.69
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	785	
399 Route 165		Preston	CT	06365-8722	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name			Office Sought		\$1,600.00
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Ben Brumleve					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	781	
11018 Graduate Ln Apt K		Charlotte	NC	28262-8875	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$129.23
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
David Osorio					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
2543 Old Town Rd		Bridgeport	CT	06606-1336	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,384.62
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
18 Indian Ledge Rd		Monroe	CT	06468-1064	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$923.08
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Ben Brumleve	09/24/2010	<input type="checkbox"/> Check #		
Street Address 11018 Graduate Ln Apt K	City Charlotte	State NC		Zip Code 28262-8875
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought		
			\$807.69	
Nathan Wilson	09/24/2010	<input checked="" type="checkbox"/> Check #		
Street Address 399 Route 165	City Preston	State CT		Zip Code 06365-8722
Purpose of Expenditure RCW		779 <input type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought		
			\$111.28	
Daniel P. Kelly, Jr.	09/24/2010	<input type="checkbox"/> Check #		
Street Address 600 Asylum Ave Apt 825	City Hartford	State CT		Zip Code 06105-3807
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought		
			\$3,923.08	

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	788		
600 Asylum Ave Apt 825	Hartford	CT	06105-3807	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,839.04
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	788		
160 Adams St	Hartford	CT	06112-1802	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$923.08
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Aaron Frankel					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	788		
28 Farmstead Ln	West Hartford	CT	06117-2012	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,300.00
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	787		
42 Lancaster Rd	West Hartford	CT	06119-1521	RCW	<input type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$20.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	787		
42 Lancaster Rd	West Hartford	CT	06119-1521	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$923.08	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Staples					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	787		
2550 Albany Ave	West Hartford	CT	06117-2301	OFFICE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$68.89	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	784	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$383.21
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,846.15
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
420 James St		Bay City	MI	48706-3930	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$923.08
<input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
GSG Communications, LLC	09/24/2010	<input checked="" type="checkbox"/> Check #	\$18,500.00	
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure A-WEB		<input type="checkbox"/> Debit Card		
Description Online Ad test		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
Michael Caplet	09/24/2010	<input type="checkbox"/> Check #	\$923.08	
Street Address 113 Brainard Rd	City Colchester	State CT		Zip Code 06415-2040
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
Michael Mandell	09/24/2010	<input type="checkbox"/> Check #	\$1,338.46	
Street Address 1678 Randolph Rd	City Middletown	State CT		Zip Code 06457-4043
Purpose of Expenditure WAGE		<input checked="" type="checkbox"/> Debit Card		
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
2074 Park Street LLC					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
2074 Park St	Hartford	CT	06106-2051	OVHD	777	<input type="checkbox"/> Debit Card	
Description						Event #	
additional space							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$2,000.00							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					09/24/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
4 Gorman Pl	East Hartford	CT	06108-1450	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$923.08							
Name of Payee					Date of Payment	Method of Payment	Amount
Arielle Reich					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
25 Adams Ave Unit 110	Stamford	CT	06902-3785	RCW	786	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
\$49.32							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee Arielle Reich					Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 25 Adams Ave Unit 110		City Stamford	State CT	Zip Code 06902-3785	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$2,115.38
Name of Payee Julia Weyland					Date of Payment 09/24/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 2611 Bainbridge Ln		City Silver Spring	State MD	Zip Code 20906-5378	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$807.69
Name of Payee Julia Weyland					Date of Payment 09/24/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 2611 Bainbridge Ln		City Silver Spring	State MD	Zip Code 20906-5378	Purpose of Expenditure RCW	<input type="checkbox"/> Debit Card 780	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name		Office Sought			\$62.12

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$2,691.59
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Dannel Malloy					09/24/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>783</u> <input type="checkbox"/> Debit Card	
277 Ocean Dr E		Stamford	CT	06902-8219	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$129.23
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Maxwell Goldman					09/24/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
35 Sherwood Ln		Norwich	CT	06360-5251	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$923.08
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Chris McArdle	09/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address 41 Bennetts Bridge Rd	City Sandy Hook	State CT		Zip Code 06482-1440
Purpose of Expenditure CNSLT				790 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$1,000.00	
Magnani Press	09/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address 120 New Park Ave	City Hartford	State CT		Zip Code 06106-2185
Purpose of Expenditure Misc *				793 <input type="checkbox"/> Debit Card
Description Lapel Labels				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$707.84	
7-Eleven	09/27/2010	<input type="checkbox"/> Check #		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Purpose of Expenditure TRVL				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name		Office Sought		
			\$39.50	

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
AT&T Wireless	09/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 6416	City Carol Stream	State IL		Zip Code 60197-6416
Purpose of Expenditure OVHD				792 <input type="checkbox"/> Debit Card
Description Malloy cell phone				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$166.67	
Kim Hekking	09/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address 24 Ocean Dr W	City Stamford	State CT		Zip Code 06902-8026
Purpose of Expenditure REF				796 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$100.00	
SKD Knickerbocker	09/27/2010	<input checked="" type="checkbox"/> Check #		
Street Address 1818 N St NW Ste 450	City Washington	State DC		Zip Code 20036-2473
Purpose of Expenditure A-TV				794 <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name			Office Sought	
			\$143,327.00	

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Staples Direct	09/28/2010	<input type="checkbox"/> Check #	
Street Address 800 W Harris St	City Eureka	State CA	Zip Code 95503-3924
Purpose of Expenditure OFFICE			<input checked="" type="checkbox"/> Debit Card
Description Waterbury office			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$80.54
Staples Direct	09/28/2010	<input type="checkbox"/> Check #	
Street Address 800 W Harris St	City Eureka	State CA	Zip Code 95503-3924
Purpose of Expenditure TRVL			<input checked="" type="checkbox"/> Debit Card
Description Waterbury Office			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$80.54
Cablevision of Connecticut	09/28/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 9256	City Chelsea	State MA	Zip Code 02150-9256
Purpose of Expenditure OVHD			<u>795</u> <input type="checkbox"/> Debit Card
Description Stamford phone/internet			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$237.20

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
7-Eleven	09/28/2010	<input type="checkbox"/> Check #	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026
Purpose of Expenditure TRVL			<input checked="" type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$34.20
Name of Payee Harland Clarke	Date of Payment 09/29/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 10931 Laureate Dr	City San Antonio	State TX	Zip Code 78249-3312
Purpose of Expenditure BNK			<input checked="" type="checkbox"/> Debit Card
Description More checks			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$97.22
Name of Payee Michael Mandell	Date of Payment 09/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 1678 Randolph Rd	City Middletown	State CT	Zip Code 06457-4043
Purpose of Expenditure RCW			<input type="checkbox"/> Debit Card 802
Description Reimbursement 9/24-9/30			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$245.28

## IV. EXPENDITURES

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

## N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
GSG Communications, LLC	09/30/2010	<input type="checkbox"/> Check #	
Street Address 895 Broadway Fl 5	City New York	State NY	Zip Code 10003-1226
Purpose of Expenditure POLLS			<input checked="" type="checkbox"/> Debit Card
Description Tracking Survey			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$25,800.00
Name of Payee	Date of Payment	Method of Payment	Amount
GSG Communications, LLC	09/30/2010	<input type="checkbox"/> Check #	
Street Address 895 Broadway Fl 5	City New York	State NY	Zip Code 10003-1226
Purpose of Expenditure CNSLT			<input checked="" type="checkbox"/> Debit Card
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$12,000.00
Name of Payee	Date of Payment	Method of Payment	Amount
People's United Bank	09/30/2010	<input type="checkbox"/> Check #	
Street Address 350 Bedford St Fl 2	City Stamford	State CT	Zip Code 06901-1741
Purpose of Expenditure BNK			<input checked="" type="checkbox"/> Debit Card
Description Wire Transfer Fee			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$25.00

### IV. EXPENDITURES

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

#### N. Expenses Paid By Committee

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

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee Nathan Wilson					Date of Payment 09/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 399 Route 165		City Preston	State CT	Zip Code 06365-8722	Purpose of Expenditure RCW	798 <input type="checkbox"/> Debit Card	
Description Reimbursement 9/24-9/30					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$168.97
Name of Payee Gulf					Date of Payment 09/30/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Street Address 1127 Capitol Ave		City Hartford	State CT	Zip Code 06106-1049	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Description					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$47.25
Name of Payee Ben Brumleve					Date of Payment 09/30/2010	Method of Payment <input checked="" type="checkbox"/> Check #	Amount
Street Address 11018 Graduate Ln Apt K		City Charlotte	State NC	Zip Code 28262-8875	Purpose of Expenditure RCW	799 <input type="checkbox"/> Debit Card	
Description Reimbursement 9/24-9/30					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name		Office Sought		
							\$43.00

IV. EXPENDITURES								
NAME OF COMMITTEE							FILING DUE DATE	
Dan Malloy For Governor							Original 10/12/2010	
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
Kyle J. Buda					09/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	800		
420 James St		Bay City	MI	48706-3930	RCW	<input type="checkbox"/> Debit Card		
Description						Event #		
Reimbursement 9/24-9/30								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			\$34.33
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment		Amount
Zack Hyde					09/30/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	803		
42 Lancaster Rd		West Hartford	CT	06119-1521	RCW	<input type="checkbox"/> Debit Card		
Description						Event #		
Jul/Aug/Sept/Oct Health + travel								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			\$944.10
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
<b>Total of Section N</b>							<b>\$1,148,538.51</b>	

### IV. EXPENDITURES

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

### IV. EXPENDITURES

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

#### O. Campaign Expenses Paid By Candidate

Name of Payee	Date of Payment	Is Reimbursement Claimed?	Amount	
7-Eleven	09/24/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$26.48	
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Purpose of Expenditure TRVL	Description			Event #
Verizon Wireless	09/30/2010	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$147.09	
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Purpose of Expenditure OVHD	Description			Event #
<b>Total of Section O</b>			<b>\$276.32</b>	

<b>IV. EXPENDITURES</b>						
NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor					Original 10/12/2010	
<b>P. Expenses Incurred on Committee Credit Card</b>						
Name of Issuing Institution			Type of Credit Card:			
			Visa      Master Card      Discover      American Other			
Name of Vendor				Date of Transaction		Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description			Event #		
<b>Total of Section P</b>						

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

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Brumleve, Benjamin	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Renaldi's One Stop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1588 Route 85	City Oakdale	State CT		Zip Code 09011
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$48.40	
Garland, Joseph	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd	City North Haven	State CT		Zip Code 06473-4201
Description Aug Sept heath				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$283.16	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Reich, Arielle	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Donut Delight	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 417 Elm St	City Stamford	State CT		Zip Code 06902-5112
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			<b>\$4.41</b>	
Name of Worker/Consultant	Date of Payment	Method of Payment		
Reich, Arielle	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee New York City Department of Transpo	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 10 Richmond Ter Ste 300	City Staten Island	State NY		Zip Code 10301-1954
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			<b>\$4.50</b>	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Reich, Arielle	09/03/2010	<input type="checkbox"/> Check #	
Secondary Payee New York City Department of Transpo	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 10 Richmond Ter Ste 300	City Staten Island	State NY	Zip Code 10301-1954
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$5.00
Other Candidate(s) Name			Office Sought
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$5.48
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Reich, Arielle	09/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Mega Wraps	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 10 State House Sq	City Hartford	State CT	Zip Code 06103-3604
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$5.48
Other Candidate(s) Name			Office Sought

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Frankel, Aaron	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Crazy Bruce's	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 178 Newington Rd	City West Hartford	State CT		Zip Code 06110-2361
Description Hartford office				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$117.69	
Frankel, Aaron	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee USPS	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card		
Street Address 121 Shield St	City West Hartford	State CT		Zip Code 06110-9992
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$44.44	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Frankel, Aaron	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Walmart	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 495 Flatbush Ave	City Hartford	State CT		Zip Code 06106-3601
Description Hartford office				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$21.45	
Frankel, Aaron	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Lena's Pizzeria	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 2053 Park St	City Hartford	State CT		Zip Code 06106-2025
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name
			Office Sought	
			\$104.56	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address Wilbur Cross Parkway South	City Orange	State CT		Zip Code 06477
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$12.08	
LeBeau, Matthew	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Cumberland Farms	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 291 Spielman Hwy	City Burlington	State CT		Zip Code 06013-1703
Description gas of 8/16/10				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$23.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
LeBeau, Matthew	09/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Food Bag	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1259 Burnside Ave	City East Hartford	State CT	Zip Code 06108-1512
Description gas of 8/20/10			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$22.00
Other Candidate(s) Name			Office Sought
LeBeau, Matthew	09/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Food Bag	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1259 Burnside Ave	City East Hartford	State CT	Zip Code 06108-1512
Description gas of 8/22/10			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.25
Other Candidate(s) Name			Office Sought

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Ultra	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 58 Ellington Rd	City East Hartford	State CT		Zip Code 06108-1101
Description gas of 8/24/10		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$21.75	
Garland, Joseph	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Gulf	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1127 Capitol Ave	City Hartford	State CT		Zip Code 06106-1049
Description gas of 8/26/10		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$22.50	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant Garland, Joseph	Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee BP	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 611 Main St	City East Hartford	State CT	Zip Code 06108-3305
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$52.68
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Garland, Joseph	Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026
Description gas of 8/22/10			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$11.22
Other Candidate(s) Name			Office Sought

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell Bank Street	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$24.54	
Weyland, Julia	09/03/2010	<input type="checkbox"/> Check #		
Secondary Payee Renaldi's One Stop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1588 Route 85	City Oakdale	State CT		Zip Code 09011
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$31.97	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Garland, Joseph	09/04/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$20.00	
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Ultra	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 58 Ellington Rd	City East Hartford	State CT		Zip Code 06108-1101
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$18.50	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address Wilbur Cross Parkway South	City Orange	State CT		Zip Code 06477
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$6.35	
Blanchard, Robert	09/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco Monroe	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 456 Main St	City Monroe	State CT		Zip Code 06468-1154
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$12.69	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/05/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 954 E Main St	City Meriden	State CT		Zip Code 06450-6010
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.01	
Dauplaise, Daniel	09/06/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 195 Prospect Ave	City Hartford	State CT		Zip Code 06106-2950
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$44.94	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/06/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 121 Main St N	City Southbury	State CT		Zip Code 06488-3834
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$20.20	
Wilson, Nathan	09/06/2010	<input type="checkbox"/> Check #		
Secondary Payee Home Depot	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 503 New Park Ave	City West Hartford	State CT		Zip Code 06110-1326
Description Hartford- office supplies				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$21.17	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Weyland, Julia	09/07/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$38.89
Garland, Joseph	09/07/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address Wilbur Cross Parkway South	City Orange	State CT		Zip Code 06477
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$27.84

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Reich, Arielle	09/07/2010	<input type="checkbox"/> Check #		
Secondary Payee Starbucks Coffee Co	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$3.92	
Welz, William	09/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Zlotnick's Irving	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 187 Willimantic Rd	City Chaplin	State CT		Zip Code 06235-2516
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$32.69	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Cumberland Farms	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 291 Spielman Hwy	City Burlington	State CT		Zip Code 06013-1703
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$22.76	
Blanchard, Robert	09/08/2010	<input type="checkbox"/> Check #		
Secondary Payee BP	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 721 Kings Hwy E	City Fairfield	State CT		Zip Code 06825-5417
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$15.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Garland, Joseph	09/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell Bank Street	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$17.30	
Blanchard, Robert	09/09/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 31 Danbury Rd	City Ridgefield	State CT		Zip Code 06877-4002
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$10.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Dauplaise, Daniel	09/10/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$39.92	
LeBeau, Matthew	09/10/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 915 North Ave	City Bridgeport	State CT		Zip Code 06606-5739
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$26.01	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Welz, William	09/11/2010	<input type="checkbox"/> Check #		
Secondary Payee Zlotnick's Irving	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 187 Willimantic Rd	City Chaplin	State CT		Zip Code 06235-2516
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$48.77	
Dauplaise, Daniel	09/11/2010	<input type="checkbox"/> Check #		
Secondary Payee Oyster Festival	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address Main Street	City Norwalk	State CT		Zip Code 06854
Description Parking		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$5.99	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/11/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell - Chesterfield	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 123 Main St	City Monroe	State CT		Zip Code 06468-1609
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$6.34	
Garland, Joseph	09/11/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address I-95 South Bound	City Madison	State CT		Zip Code 06443
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$50.81	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Weyland, Julia	09/11/2010	<input type="checkbox"/> Check #	
Secondary Payee Hill Oil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 502 Cedar St	City Newington	State CT	Zip Code 06111-1811
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$23.70
Other Candidate(s) Name _____ Office Sought _____			
Weyland, Julia	09/11/2010	<input type="checkbox"/> Check #	
Secondary Payee Bethel Fair	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address Fair grounds	City Bethel	State CT	Zip Code 06801
Description Admission- event expense			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$8.00
Other Candidate(s) Name _____ Office Sought _____			

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Brumleve, Benjamin	09/11/2010	<input type="checkbox"/> Check #		
Secondary Payee Food Bag	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 384 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109-2104
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$16.33	
Brumleve, Benjamin	09/12/2010	<input type="checkbox"/> Check #		
Secondary Payee Cross Automotive	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 708 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109-3027
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$10.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/12/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 31 Danbury Rd	City Ridgefield	State CT		Zip Code 06877-4002
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$11.69	
Reich, Arielle	09/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Donut Delight	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 417 Elm St	City Stamford	State CT		Zip Code 06902-5112
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$10.14	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Welz, William	09/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Zlotnick's Irving	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 187 Willimantic Rd	City Chaplin	State CT		Zip Code 06235-2516
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$49.46	
Welz, William	09/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Walmart - #2022	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Boston Post Rd	City North Windham	State CT		Zip Code 06256-1052
Description Willanmantic office -ink, Paper		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$43.12	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Brumleve, Benjamin	09/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Citgo	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1289 Farmington Ave	City Berlin	State CT		Zip Code 06037-2303
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$12.00	
Reich, Arielle	09/13/2010	<input type="checkbox"/> Check #		
Secondary Payee Donut Delight	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 417 Elm St	City Stamford	State CT		Zip Code 06902-5112
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$4.41	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	\$25.70
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Garland, Joseph	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	\$46.61
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Garland, Joseph	09/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 105378	City Atlanta	State GA	Zip Code 30348-5378
Description Sept Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought  \$50.00
LeBeau, Matthew	09/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201
Description Sept health care			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought  \$110.43

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee AT&T Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 537104	City Atlanta	State GA		Zip Code 30353-7104
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$50.00	
Buda, Kyle	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 120 Monument Cir	City Indianapolis	State IN		Zip Code 46204-4906
Description Sept Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$32.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Buda, Kyle	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Sprint	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 420 James St	City Bay City	State MI		Zip Code 48706-3930
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$50.00	
Caplet, Michael	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 15062	City Albany	State NY		Zip Code 12212-5062
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$50.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Surgeon, Shirley A.	09/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201
Description Sept Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$233.73
Surgeon, Shirley A.	09/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 46 Sycamore Rd	City West Hartford	State CT	Zip Code 06117-2846
Description Sept Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$50.00

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Hyde, Charles	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 46 Sycamore Rd	City West Hartford	State CT		Zip Code 06117-2846
Description Sept Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$50.00	
Wilson, Nathan	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd	City North Haven	State CT		Zip Code 06473-4201
Description Sept Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$287.71	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 46 Sycamore Rd	City West Hartford	State CT		Zip Code 06117-2846
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$50.00	
Blanchard, Robert	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Aetna	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 72479326	City Philadelphia	State PA		Zip Code 19105-3961
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$104.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 46 Sycamore Rd	City West Hartford	State CT		Zip Code 06117-2846
Description Sept Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$50.00	
Reich, Arielle	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee City Of Stamford	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 888 Washington Blvd	City Stamford	State CT		Zip Code 06901-2902
Description Sept Health Insurance		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$843.62	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Goldman, Maxwell	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 46 Sycamore Rd	City West Hartford	State CT		Zip Code 06117-2846
Description Sept Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$50.00	
Kelly, Daniel	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Golden Rule	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 712 11th St	City Lawrenceville	State IL		Zip Code 62439-2316
Description Sept Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$198.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Kelly, Daniel	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee AT&T Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 6416	City Carol Stream	State IL		Zip Code 60197-6416
Description Sept Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$100.00	
Mandell, Michael	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee CIGNA	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 9 Greenfield Dr S	City West Windsor	State NJ		Zip Code 08550-3520
Description Sept Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$200.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Mandell, Michael	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Cingular Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 17252	City Baltimore	State MD		Zip Code 21297-1252
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$50.00	
Frankel, Aaron	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd	City North Haven	State CT		Zip Code 06473-4201
Description Sept Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$144.41	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Frankel, Aaron	09/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 15062	City Albany	State NY	Zip Code 12212-5062
Description Sept Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought  \$50.00
Walmart - #2022	09/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Walmart - #2022	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address 474 Boston Post Rd	City North Windham	State CT	Zip Code 06256-1052
Description Willanmantic office-cleaning supplies			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought  \$10.26

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco Monroe	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 456 Main St	City Monroe	State CT		Zip Code 06468-1154
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$14.51	
Wilson, Nathan	09/16/2010	<input type="checkbox"/> Check #		
Secondary Payee FedEx Kinko's	Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card		
Street Address 544 Farmington Ave	City Hartford	State CT		Zip Code 06105-3049
Description Hartford Office - paper copying				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$363.37	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Reich, Arielle	09/16/2010	<input type="checkbox"/> Check #		
Secondary Payee Donut Delight	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 417 Elm St	City Stamford	State CT		Zip Code 06902-5112
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$5.73	
Brumleve, Benjamin	09/17/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 350 Foxon Blvd	City New Haven	State CT		Zip Code 06513-2326
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$15.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Mandell, Michael	09/17/2010	<input type="checkbox"/> Check #	
Secondary Payee CIGNA	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 9 Greenfield Dr S	City West Windsor	State NJ	Zip Code 08550-3520
Description rest of August			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$134.00
Name of Worker/Consultant Mandell, Michael	Date of Payment 09/17/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Cingular Wireless	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 17252	City Baltimore	State MD	Zip Code 21297-1252
Description remainder of Aug Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$34.00

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/17/2010	<input type="checkbox"/> Check #		
Secondary Payee Secondi's Truckstop	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 365 Old Gate Ln	City Milford	State CT		Zip Code 06460-8615
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	\$22.51
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Blanchard, Robert	09/17/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco Monroe	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 456 Main St	City Monroe	State CT		Zip Code 06468-1154
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	\$14.99
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Blanchard, Robert	09/17/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 31 Danbury Rd	City Ridgefield	State CT		Zip Code 06877-4002
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$11.57	
LeBeau, Matthew	09/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 737 W Main St	City New Britain	State CT		Zip Code 06053-3837
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$23.75	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Brumleve, Benjamin	09/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Fas Mart	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 930 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109-4227
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$22.00	
LeBeau, Matthew	09/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$23.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Kelly, Daniel	09/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure EFV *	<input checked="" type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description Printer/Hartford office				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$479.04	
Name of Worker/Consultant	Date of Payment	Method of Payment		
Welz, William	09/19/2010	<input type="checkbox"/> Check #		
Secondary Payee Zlotnick's Irving	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 187 Willimantic Rd	City Chaplin	State CT		Zip Code 06235-2516
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$49.23	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Weyland, Julia	09/20/2010	<input type="checkbox"/> Check #		
Secondary Payee Sunoco	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 64 Newtown Rd	City Danbury	State CT		Zip Code 06810-6237
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$32.05	
Other Candidate(s) Name Office Sought				
Weyland, Julia	09/20/2010	<input type="checkbox"/> Check #		
Secondary Payee West Hartford Lock	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 360 Prospect St	City Hartford	State CT		Zip Code 06109-3644
Description Key				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$2.12	
Other Candidate(s) Name Office Sought				

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	09/21/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description Print Cartridge/Hartford Office				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			<b>\$111.28</b>	
Garland, Joseph	09/21/2010	<input type="checkbox"/> Check #		
Secondary Payee Food Bag	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 327 S Main St	City Colchester	State CT		Zip Code 06415-1427
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			<b>\$53.44</b>	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Kelly, Daniel	09/21/2010	<input type="checkbox"/> Check #		
Secondary Payee Tisane Tea & Coffee Bar	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 537 Farmington Ave	City Hartford	State CT		Zip Code 06105-3048
Description LGBT Event		Event # 09212010a		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$360.00	
Manalan, Juliet	09/21/2010	<input type="checkbox"/> Check #		
Secondary Payee Amano Imperial Parking	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 10 Middle St	City Bridgeport	State CT		Zip Code 06604-4223
Description Parking		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$3.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Hyde, Charles	09/21/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	\$20.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Reich, Arielle	09/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Donut Delight	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card		
Street Address 417 Elm St	City Stamford	State CT		Zip Code 06902-5112
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	\$5.73
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$23.75	
Manalan, Juliet	09/22/2010	<input type="checkbox"/> Check #		
Secondary Payee City Of Hartford	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 550 Main St	City Hartford	State CT		Zip Code 06103-2913
Description Parking		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$1.50	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Manalan, Juliet	09/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address Wilbur Cross Parkway	City North Haven	State CT		Zip Code 06473
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$44.80	
Brumleve, Benjamin	09/22/2010	<input type="checkbox"/> Check #		
Secondary Payee Citgo	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 572 Washington St	City Middletown	State CT		Zip Code 06457-2513
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$20.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Weyland, Julia	09/23/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure PRNT	<input checked="" type="checkbox"/> Debit Card		
Street Address 15 S Main St	City Torrington	State CT		Zip Code 06790-6430
Description Fax				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$2.53	
Clark, Logan	09/23/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$20.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Weyland, Julia	09/23/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 100 N Elm St	City Torrington	State CT		Zip Code 06790-4605
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$30.07	
Kelly, Daniel	09/23/2010	<input type="checkbox"/> Check #		
Secondary Payee AT&T Store	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 442 S Main St	City West Hartford	State CT		Zip Code 06110-1679
Description Phone Line: Hartford Office		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$1,000.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/24/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 474 Bank St	City Waterbury	State CT		Zip Code 06708-3502
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	\$28.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Brumleve, Benjamin	09/24/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name	Office Sought	\$5.50
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Weyland, Julia	09/24/2010	<input type="checkbox"/> Check #		
Secondary Payee Accurate Lock & Safe	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 256 White St	City Danbury	State CT		Zip Code 06810
Description Medco Key				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$12.72	
Weyland, Julia	09/25/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell - Exit 8	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 101 Newtown Rd	City Danbury	State CT		Zip Code 06810-4120
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$33.18	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Buda, Kyle	09/27/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 500 Boston Post Rd	City Guilford	State CT		Zip Code 06437-2753
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$34.33	
Brumleve, Benjamin	09/27/2010	<input type="checkbox"/> Check #		
Secondary Payee Middletown Irving	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 543 Washington St	City Middletown	State CT		Zip Code 06457-2512
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$11.00	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	09/27/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description Supplies Hartford office				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$120.13	
Wilson, Nathan	09/28/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name</span> <span style="float: right;">Office Sought</span>				
			\$32.94	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	09/28/2010	<input type="checkbox"/> Check #		
Secondary Payee Food Bag	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 1259 Burnside Ave	City East Hartford	State CT		Zip Code 06108-1512
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$24.50	
Wilson, Nathan	09/29/2010	<input type="checkbox"/> Check #		
Secondary Payee West Hartford Lock	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card		
Street Address 360 Prospect St	City Hartford	State CT		Zip Code 06109-3644
Description keys for new space - Hartford Office		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$15.90	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Brumleve, Benjamin	09/29/2010	<input type="checkbox"/> Check #		
Secondary Payee BP	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 611 Main St	City East Hartford	State CT		Zip Code 06108-3305
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$12.00	
Weyland, Julia	09/29/2010	<input type="checkbox"/> Check #		
Secondary Payee Shell	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 857 Main St	City Torrington	State CT		Zip Code 06790-3346
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$31.78	

### IV. EXPENDITURES

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

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

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Hyde, Charles	09/29/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$20.02	
Hyde, Charles	09/30/2010	<input type="checkbox"/> Check #		
Secondary Payee CBIA Service Corp.	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 350 Church St	City Hartford	State CT		Zip Code 06103-1136
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <span style="float: right;">Other Candidate(s) Name _____ Office Sought _____</span>				
			\$924.08	

### IV. EXPENDITURES

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

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

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

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