

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 67

SUMMARY PAGE

1. NAME OF COMMITTEE					2. TYPE OF COMMITTEE				
Lamont For Governor					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Elvira	M	Albert						
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
38 Klondike Ave				Stamford	CT	06907			
5. ELECTION DATE			6. OFFICE SOUGHT (if applicable)				7. DISTRICT CODE (if applicable)		
11/02/2010			Governor						
8. CANDIDATE NAME									
Title	First	MI	Last	Suffix					
	Edward	M	Lamont						
9. TYPE OF REPORT									
5th Supplemental Statement Primary - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
07/15/2010					thru 07/21/2010				
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 Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Electronic Filing			Elvira Albert			07/22/2010			
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	
Lamont For Governor		
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$525,760.12	
14. Contributions received from Individuals (Section A and B)	\$13,765.00	\$490,829.20
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$530.33
16. Other Monetary Receipts (Section D-1)	\$1,001,052.60	\$5,854,803.05
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,014,817.60	\$6,346,162.58
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,540,577.72	\$6,346,162.58
20. Expenses Paid by Committee (Section N)	\$691,055.07	\$5,496,639.93
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$849,522.65	\$849,522.65
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Contributions Received (Section K)	\$1,000.00	\$25,963.52
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$100.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$100.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$15,980.81	\$145,747.50
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$16,167.95	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$16,617.95	

I. MONETARY RECEIPTS (Section A-I)

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

B. Itemized Contributions from Individuals

Last Name Snipes	First Name William	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card		Contribution ID # 1095	Amount of Contribution
Residential Street Address 125 Broad St	City New York	State NY	Zip Code 10004-2400	Date Received 07/15/2010		
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00 \$500.00
Last Name Buckholz	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1090	Amount of Contribution
Residential Street Address 91 Columbia Hts Apt 3	City Brooklyn	State NY	Zip Code 11201	Date Received 07/15/2010		
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00 \$1,000.00
Last Name Reeder	First Name Robert	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1091	Amount of Contribution
Residential Street Address 101 Deepwood Rd	City Bedford	State NY	Zip Code 10506	Date Received 07/15/2010		
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00 \$1,000.00
Last Name Fisher	First Name Ann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card		Contribution ID # 1092	Amount of Contribution
Residential Street Address 1160 Park Ave Apt 5D	City New York	State NY	Zip Code 10128	Date Received 07/15/2010		
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00 \$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Urowsky	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1093	Amount of Contribution
Residential Street Address 1 University Pl Apt 10E	City New York	State NY	Zip Code 10003	Date Received 07/15/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Rowen	First Name James	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1094	Amount of Contribution
Residential Street Address PO Box 566	City Millbrook	State NY	Zip Code 12545	Date Received 07/15/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$300.00	\$300.00
Last Name Mentig	First Name Mark	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1098	Amount of Contribution
Residential Street Address 1230 Park Ave Apt 11B	City New York	State NY	Zip Code 10128	Date Received 07/15/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Holley	First Name Steven	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1099	Amount of Contribution
Residential Street Address 832 Broadway Fl 2	City New York	State NY	Zip Code 10003	Date Received 07/15/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Howe	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1102	Amount of Contribution
Residential Street Address 86 Woodfield Dr	City Short Hills	State NJ	Zip Code 07078	Date Received 07/15/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Bernstein	First Name Bruce	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1096	Amount of Contribution
Residential Street Address 230 Riverside Dr Apt 10E	City New York	State NY	Zip Code 10025-6168	Date Received 07/15/2010	
Principal Occupation writer	Name of Employer self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$50.00	\$50.00
Last Name Zimmermann	First Name Victor	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1100	Amount of Contribution
Residential Street Address 6 Nawthorne Rd	City Old Greenwich	State CT	Zip Code 06870-2116	Date Received 07/15/2010	
Principal Occupation Attorney	Name of Employer Curtis, Mallet-Prevost, Colt & Mosle LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00	\$500.00
Last Name Walker	First Name Joann	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1097	Amount of Contribution
Residential Street Address 730 Park Ave	City New York	State NY	Zip Code 10021-4945	Date Received 07/15/2010	
Principal Occupation Not Employed	Name of Employer N/A	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,500.00	\$1,000.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Conway	First Name Richard	MI F	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1101	Amount of Contribution
Residential Street Address 1361 Madison Ave Apt 5E	City New York	State NY	Zip Code 10128-0768	Date Received 07/15/2010	
Principal Occupation Investment Management	Name of Employer Lampe, Conway + Co. LLC	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$500.00
Last Name McLemore	First Name Mildred	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1103	Amount of Contribution
Residential Street Address 1989C Blue Hills Ave	City Bloomfield	State CT	Zip Code 06002	Date Received 07/16/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Tobias	First Name Jerry V.	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1104	Amount of Contribution
Residential Street Address 6 Huntington Way	City Ledyard	State CT	Zip Code 06339-1921	Date Received 07/17/2010	
Principal Occupation Retired Research Administrator	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00
Last Name Agnew	First Name Timothy	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1105	Amount of Contribution
Residential Street Address 459 Ledge Rd	City Yarmouth	State ME	Zip Code 04096-7523	Date Received 07/17/2010	
Principal Occupation Venture Capital	Name of Employer Masthead Management Partners	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Canty	First Name Leo	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1110	Amount of Contribution
Residential Street Address 27 Devin Way	City Windsor	State CT	Zip Code 06095-2634	Date Received 07/19/2010	
Principal Occupation Union Officer	Name of Employer AFTCT	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07102010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$50.00
Last Name Adler	First Name Clifford	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1107	Amount of Contribution
Residential Street Address 15 Butler Rd	City Scarsdale	State NY	Zip Code 10583-1617	Date Received 07/19/2010	
Principal Occupation Importer	Name of Employer Kurt S. Adler, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$750.00	\$250.00
Last Name Graham	First Name Philip	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1106	Amount of Contribution
Residential Street Address 1158 5th Ave	City New York	State NY	Zip Code 10029-6917	Date Received 07/19/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell, LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Blair	First Name Mary Lenore	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1108	Amount of Contribution
Residential Street Address 171 Jennings Rd .	City Cold Spring Harbor	State NY	Zip Code 11724	Date Received 07/19/2010	
Principal Occupation retired	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Libert	First Name Michael	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1109	Amount of Contribution
Residential Street Address 37 Saint Germain St Apt 8	City Boston	State MA	Zip Code 02115-3228	Date Received 07/19/2010	
Principal Occupation Consultant	Name of Employer Bain & Company	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$40.00	\$40.00
Last Name Hennessy	First Name Stephen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1111	Amount of Contribution
Residential Street Address PO Box 768	City Morrow	State GA	Zip Code 30260	Date Received 07/20/2010	
Principal Occupation Automobile Dealer	Name of Employer Hennessy Automobile	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$2,500.00	\$2,500.00
Last Name Butler	First Name Samuel	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1112	Amount of Contribution
Residential Street Address 322 Sackett St	City Brooklyn	State NY	Zip Code 11231-4796	Date Received 07/20/2010	
Principal Occupation Writer	Name of Employer Self	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$100.00	\$100.00
Last Name Chicoine	First Name Joseph	MI N	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1113	Amount of Contribution
Residential Street Address 71 Spring St	City Rockville	State CT	Zip Code 06066	Date Received 07/21/2010	
Principal Occupation not employed	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

B. Itemized Contributions from Individuals

Last Name Spaulding	First Name Helen	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1114	Amount of Contribution
Residential Street Address 63 Maplecraft Ln	City Ipswich	State MA	Zip Code 01938	Date Received 07/21/2010	
Principal Occupation not employed	Name of Employer none	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$500.00	\$500.00
Last Name Hardiman	First Name John	MI	Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Credit/Debit Card	Contribution ID # 1115	Amount of Contribution
Residential Street Address 1000 Park Ave	City New York	State NY	Zip Code 10028-0934	Date Received 07/21/2010	
Principal Occupation Attorney	Name of Employer Sullivan & Cromwell LLP	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <u>07132010a</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$1,000.00	\$1,000.00
Last Name Adler	First Name Richard	MI	Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit/Debit Card	Contribution ID # 1116	Amount of Contribution
Residential Street Address 41 Shore Dr	City Southampton	State NY	Zip Code 11968	Date Received 07/21/2010	
Principal Occupation Executive	Name of Employer KSA, Inc.	Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Aggregate Contributions \$200.00	\$200.00
Total of Section B					\$13,765.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) <i>(Total on Line 14 of Summary Page)</i>					\$13,765.00

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

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

Total of Section C1

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

C2. Reimbursements or Payments from other Committees

Name of Committee			Name of Treasurer	
Address			Date Received	Amount of Receipt
City	State	Zip Code	Reimbursement for shared expense Payment for goods and services	
Total of Section C2				

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

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
Lamont For Governor		
E. Personal Funds of the Candidate Received this Period		
Date Received 07/20/2010	Amount \$1,000,000.00	Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card
Total of Section E		\$1,000,000.00

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Lamont For Governor					
F. Anonymous Contributions					
Date Received	\$ 1 bills	\$ 5 bills	\$ 10 bill	coins	Amount
Total of Section F					

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

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

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Eamont For Governor	FILING DUE DATE
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J1. Fundraising Event Information

Fundraising Event #	Description	Location: Street Address	City	State	Zip Code
Date of Fundraiser 07/20/2010	Letter a Cocktail Event	Main Street Pub, 306 Main St # 306	Manchester	CT	06040

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
Lamont For Governor	

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							
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II. FUNDRAISING EVENT ACTIVITY							
NAME OF COMMITTEE					FILING DUE DATE		
Lamont For Governor							
J3. In-Kind Donations Not Considered Contributions							
Name of the Donor				Donation Given by:		Fair Market Value of Donation	
				<input type="checkbox"/> Individual <input type="checkbox"/> Business Entity			
Street Address		City		State	Zip Code		Aggregate value for this event
Description of Donation				Date Received		Event #	
Total of Section J3							

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

K. In-Kind Contributions

Name Cummings R Theodore				Date Received 07/20/2010		Fair Market Value of this Contribution
Street Address 87 Lawton Rd		City Manchester	State CT	Zip Code 06042-3682		
Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Is this contribution associated with a fundraising event listed in Section 11? If yes, list Event# <u>07202010a</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Description of In-Kind Contribution Food and Drink		Aggregate contributions \$1,000.00		\$1,000.00
Total of Section K						\$1,000.00

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE				FILING DUE DATE	
Lamont For Governor					
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee					
Name of Committee			Name of Treasurer		
Street Address				Date Notice Received	Fair Market Value of Donation
City		State	Zip Code	Aggregate Donations	
Description of Donation			Purpose of Expenditure		
			A	B	C
			D	E	
Total of Section M					

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Power Gas	07/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address 49 Howe St	City New Haven	State CT	Zip Code 06511-4613
Purpose of Expenditure FOOD		Wire <input type="checkbox"/> Debit Card	
Description Food			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$2.60
Steven Winter	07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address PO Box 205154	City New Haven	State CT	Zip Code 06520-5154
Purpose of Expenditure TRVL		1600 <input type="checkbox"/> Debit Card	
Description mileage			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$192.60
New Haven Register	07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address 40 Sargent Dr	City New Haven	State CT	Zip Code 06511-5939
Purpose of Expenditure Misc *		1602 <input type="checkbox"/> Debit Card	
Description newspapers			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$81.90

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
The West Indian American					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1603</u>	
PO Box 320536		Hartford	CT	06132-0536	A-NEWS	<input type="checkbox"/> Debit Card	
Description						Event #	
newspaper ad							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$480.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Postmaster of Stamford					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1601</u>	
317 West Ave		Stamford	CT	06902-9993	POST	<input type="checkbox"/> Debit Card	
Description						Event #	
p.o. box rental							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$195.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mitchell Robies					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1245</u>	
991 State St		Bridgeport	CT	06605	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Rent							
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							
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Greater New Haven Community Loan Fund					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1604</u>	
171 Orange St		New Haven	CT	06510-3111	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
recycling							
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						\$24.94	
Name of Payee					Date of Payment	Method of Payment	Amount
National Drill Squad/Douglas Bethea					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1599</u>	
200 Goffe St Apt 34D		New Haven	CT	06511-3359	CHAR	<input type="checkbox"/> Debit Card	
Description						Event #	
donation							
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						\$250.00	
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>Wire</u>	
1600 Locust St		Philadelphia	PA	19103-6305	A-WEB	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Buy							
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						\$10,000.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
1600 Locust St		Philadelphia	PA	19103-6305	A-RAD	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$81,720.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
The Campaign Group					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
1600 Locust St		Philadelphia	PA	19103-6305	A-TV	<input type="checkbox"/> Debit Card	
Description						Event #	
Media Buy							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$418,250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chase Card Services					07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	Wire	
PO Box 15153		Wilmington	DE	19886-5153	CCP	<input type="checkbox"/> Debit Card	
Description						Event #	
Credit Card Payment							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$9,582.71	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					07/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> <u>Wire</u> <input type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description						Event #	
Bank Service Charge							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$12.00
Name of Payee					Date of Payment	Method of Payment	Amount
People's Bank United					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> <u>Wire</u> <input type="checkbox"/> Debit Card		
410 Greenwich Ave	Greenwich	CT	06830-6523	BNK			
Description						Event #	
Bank Charge Stop Pmt							
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							\$25.00
Name of Payee					Date of Payment	Method of Payment	Amount
TV Eyes Inc.					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input type="checkbox"/> <u>1606</u> <input type="checkbox"/> Debit Card		
2150 Post Rd	Fairfield	CT	06824-5669	WEB			
Description						Event #	
website fees							
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

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Stones' Phones Inc.					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1607</u>	
41750 Rancho Las Palmas Dr Ste E		Rancho Mirage	CA	92270-5511	A-ATM	<input type="checkbox"/> Debit Card	
Description						Event #	
telephone expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$471.28	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Stones' Phones Inc.					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1607</u>	
41750 Rancho Las Palmas Dr Ste E		Rancho Mirage	CA	92270-5511	A-ATM	<input type="checkbox"/> Debit Card	
Description						Event #	
telephone expense							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,351.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Express Parking					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1611</u>	
96 Orange St		New Haven	CT	06510-3109	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
May parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3,755.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Express Parking					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1611</u>	
96 Orange St		New Haven	CT	06510-3109	TRVL	<input type="checkbox"/> Debit Card	
Description					Event #		
July parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$4,825.12
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crouse Group					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1605</u>	
2001 N Beaugard St Ste 420		Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card	
Description					Event #		
campaign literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$26,999.62
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crouse Group					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1605</u>	
2001 N Beaugard St Ste 420		Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card	
Description					Event #		
campaign literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought		\$25,513.66
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crouse Group					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1605		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-OTH	<input type="checkbox"/> Debit Card		
Description						Event #	
campaign literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$4,590.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crouse Group					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1605		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card		
Description						Event #	
campaign literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$43,718.45	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mack Crouse Group					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	1605		
2001 N Beauregard St Ste 420	Alexandria	VA	22311-1750	A-DM	<input type="checkbox"/> Debit Card		
Description						Event #	
campaign literature							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$52,658.64	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Lamont For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
The Law Office of Derek E. Donnelly Esq. L.L.C.					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1608</u>	
133 Mountain Rd Ste 1B		Suffield	CT	06078	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
legal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,700.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Direct TV					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1609</u>	
PO Box 9001069		Louisville	KY	40290-1069	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
cable tv							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$80.55	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Lai Metzger					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>1610</u>	
30 Harris Fuller Rd		Preston	CT	06365	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Norwich July and Aug Rent							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,575.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N						\$691,055.07	

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

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples Direct				Date of Transaction 07/15/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$317.99
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples Direct				Date of Transaction 07/15/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$451.66
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Four Associates				Date of Transaction 07/15/2010		Amount	
Street Address 915 North Ave		City Bridgeport	State CT	Zip Code 06606-5739			
Purpose of Expenditure TRVL	Description gas				Event #		\$30.85

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Lamont For Governor								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Four Associates						Date of Transaction 07/15/2010		Amount
Street Address 915 North Ave			City Bridgeport		State CT	Zip Code 06606-5739		
Purpose of Expenditure FOOD		Description food and beverage				Event #		\$6.00
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Four Associates						Date of Transaction 07/15/2010		Amount
Street Address 915 North Ave			City Bridgeport		State CT	Zip Code 06606-5739		
Purpose of Expenditure OVHD		Description food and beverage				Event #		\$4.00
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Shell Oil						Date of Transaction 07/15/2010		Amount
Street Address 83 E Putnam Ave			City Greenwich		State CT	Zip Code 06830-5611		
Purpose of Expenditure TRVL		Description gas				Event #		\$43.02

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Verizon Wireless				Date of Transaction 07/15/2010		Amount	
Street Address PO Box 15062		City Albany	State NY	Zip Code 12212-5062			
Purpose of Expenditure OVHD	Description telephone expense				Event #		\$279.35
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Target				Date of Transaction 07/15/2010		Amount	
Street Address 200 Universal Dr N		City North Haven	State CT	Zip Code 06473-3156			
Purpose of Expenditure EFV *	Description phones				Event #		\$50.80
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples Direct				Date of Transaction 07/15/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$918.70

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Plains Road Mobil				Date of Transaction 07/15/2010		Amount	
Street Address 118 Plains Rd		City Milford	State CT	Zip Code 06461-2543			
Purpose of Expenditure TRVL	Description gas				Event #		\$43.78
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Metro Railroad				Date of Transaction 07/15/2010		Amount	
Street Address 347 Madison Ave		City New York	State NY	Zip Code 10017-3739			
Purpose of Expenditure TRVL	Description train				Event #		\$195.00
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Metro Railroad				Date of Transaction 07/15/2010		Amount	
Street Address 347 Madison Ave		City New York	State NY	Zip Code 10017-3739			
Purpose of Expenditure TRVL	Description train				Event #		\$130.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Royal Performance Group				Date of Transaction 07/15/2010		Amount	
Street Address 2100 Western Ave Ste 80		City Lisle	State IL	Zip Code 60532-1971			
Purpose of Expenditure TRVL	Description Staff Travel				Event #		\$3,143.81
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples Direct				Date of Transaction 07/15/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$31.79
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples Direct				Date of Transaction 07/15/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$31.79

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Heritage House Hotel				Date of Transaction 07/15/2010		Amount	
Street Address 259 Main St		City Hyannis		State MA	Zip Code 02601		
Purpose of Expenditure TRVL	Description Hotel				Event #		\$127.36
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples Direct				Date of Transaction 07/16/2010		Amount	
Street Address 500 Staples Dr		City Framingham		State MA	Zip Code 01702-4474		
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$87.97
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Stop & Shop				Date of Transaction 07/16/2010		Amount	
Street Address 370 Hemingway Ave		City East Haven		State CT	Zip Code 06512-3240		
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$61.41

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$519.60

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$519.60

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 88 York St		City New Haven	State CT	Zip Code 06511-5619			
Purpose of Expenditure RCW	Description gift cards				Event #		\$324.75
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Stop & Shop New Haven				Date of Transaction 07/18/2010		Amount	
Street Address 112 Amity Rd		City New Haven	State CT	Zip Code 06515			
Purpose of Expenditure FOOD	Description food and beverage				Event #		\$7.98
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Staples Direct				Date of Transaction 07/18/2010		Amount	
Street Address 500 Staples Dr		City Framingham	State MA	Zip Code 01702-4474			
Purpose of Expenditure OFFICE	Description office supplies				Event #		\$267.10

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 88 York St		City New Haven		State CT	Zip Code 06511-5619		
Purpose of Expenditure RCW	Description gift cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Ning Inc				Date of Transaction 07/18/2010		Amount	
Street Address 735 Emerson St		City Palo Alto		State CA	Zip Code 94301		
Purpose of Expenditure WEB	Description Web Hosting				Event #		\$4.95
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Exxon Mobil				Date of Transaction 07/18/2010		Amount	
Street Address 520 E Putnam Ave		City Greenwich		State CT	Zip Code 06830-4806		
Purpose of Expenditure TRVL	Description gas				Event #		\$35.49

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Exxon Mobil				Date of Transaction 07/18/2010		Amount	
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806			
Purpose of Expenditure TRVL	Description gas				Event #		\$33.30
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Exxon Mobil				Date of Transaction 07/18/2010		Amount	
Street Address 520 E Putnam Ave		City Greenwich	State CT	Zip Code 06830-4806			
Purpose of Expenditure Misc *	Description misc expenses listerine				Event #		\$7.80
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description Gift Cards				Event #		\$519.60

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description Gift Cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description Gift Cards				Event #		\$584.55
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description Gift Cards				Event #		\$519.60

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

P. Expenses Incurred on Committee Credit Card

Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description Gift Cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description Gift Cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other			
Name of Vendor Walgreens				Date of Transaction 07/18/2010		Amount	
Street Address 436 Whalley Ave		City New Haven	State CT	Zip Code 06511-3012			
Purpose of Expenditure RCW	Description Gift Cards				Event #		\$519.60

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE	
Lamont For Governor								
P. Expenses Incurred on Committee Credit Card								
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Walgreens						Date of Transaction 07/18/2010		Amount
Street Address 436 Whalley Ave			City New Haven		State CT	Zip Code 06511-3012		
Purpose of Expenditure RCW		Description Gift Cards				Event #		\$519.60
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Stop & Shop New Haven						Date of Transaction 07/18/2010		Amount
Street Address 112 Amity Rd			City New Haven		State CT	Zip Code 06515		
Purpose of Expenditure FOOD		Description food and beverage				Event #		\$83.81
Name of Issuing Institution Chase Card Services				Type of Credit Card: <input checked="" type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American <input type="checkbox"/> Other				
Name of Vendor Huntington Avenue Citgo						Date of Transaction 07/19/2010		Amount
Street Address 990 Huntingdon Ave			City Waterbury		State CT	Zip Code 06704-1403		
Purpose of Expenditure TRVL		Description Gas				Event #		\$39.53
Total of Section P							\$15,980.81	

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Lamont For Governor									
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Barker Specialty Company					Date Incurred 07/21/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 27 Realty Dr , Caller Box 22			City Cheshire			State CT	Zip Code 06410		
Purpose of Expenditure A-OTH	Description Campaign Merchandise Stickers								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name			Office Sought					\$189.74
Name of Creditor Chase Card Services					Date Incurred 07/21/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address PO Box 15153			City Wilmington			State DE	Zip Code 19886-5153		
Purpose of Expenditure Misc *	Description Credit Card Debt as of 7/21/10								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name			Office Sought					\$15,978.21
Total of Section Q							\$16,167.95		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Coleman Wallace	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 265 Blake St	City New Haven	State CT	Zip Code 06515-1399
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name		Office Sought	

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Allen Teague	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 278 Main St	City West Haven	State CT	Zip Code 06516
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name		Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Erica Silva	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 400 Olive St Apt B4	City Bridgeport	State CT	Zip Code 06604-3069
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Fran Pratt-Smith	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 153 Olsm Dr	City Ansonia	State CT	Zip Code 06410
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$300.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Randolph Brown	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 74 Seeley St	City Bridgeport	State CT	
Zip Code 06604-3714		Event #	
Description Stipend			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name Office Sought 			
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Chazaree Parker	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 341 Peck St	City New Haven	State CT	
Zip Code 06513		Event #	
Description Stipend			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
Other Candidate(s) Name Office Sought 			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Walgreens	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Walter Faherty	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 27 Myrtle Ave	City Bridgeport	State CT		Zip Code 06604-5734
Description Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$60.00	
Walgreens	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Tynicha Marks	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 19 Mead St	City New Haven	State CT		Zip Code 06511
Description Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$240.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Walgreens	07/18/2010	<input type="checkbox"/> Check #	
Secondary Payee April Robles	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 993 State St	City Bridgeport	State CT	Zip Code 06605-1504
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$60.00
Walgreens	07/18/2010	<input type="checkbox"/> Check #	
Secondary Payee Laurice Darden	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 1504 Ella T Grasso Blvd	City New Haven	State CT	Zip Code 06511
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought \$300.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Walgreens	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Mickinley Troy Jr.	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 144 Cottage St	City Bridgeport	State CT		Zip Code 06605-1207
Description Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$60.00	
Walgreens	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Chanuncey Arnold	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 15 Jayne Ln	City Hamden	State CT		Zip Code 06514
Description Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$180.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Walgreens	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Tamar Moales	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 124 Park Ave	City Bridgeport	State CT		Zip Code 06604-7620
Description Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$60.00	
Walgreens	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Melissa Allen	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 27 Batter Ter .	City New Haven	State CT		Zip Code 06511
Description Stipend		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$180.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Jeremy Ortiz	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 302 Wilmot Ave .	City Bridgeport	State CT	Zip Code 06607
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Aida Rosa	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 210 Washington Ave	City Bridgeport	State CT	Zip Code 06604-3806
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Casey Thomas	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 1997 E Main St	City Bridgeport	State CT	Zip Code 06610
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Milagrosa Seguinot	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 140 Yale St	City Bridgeport	State CT	Zip Code 06605-1567
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$60.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Brittany Simpson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 1995 E Main St	City Bridgeport	State CT	Zip Code 06610
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Marilyn Jones	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 210 Washington Ave	City Bridgeport	State CT	Zip Code 06604-3806
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Adam David	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address E Main St	City Bridgeport	State CT	Zip Code 06608
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Armoni Secirigent	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 210 Washington Ave	City Bridgeport	State CT	Zip Code 06604-3806
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$180.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Miriam Rivera	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 45 Butler Ave	City Bridgeport	State CT	Zip Code 06605-1946
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$300.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Lashaya Stroud	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 291 Union Ave	City Bridgeport	State CT	Zip Code 06607
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Tarsha Martinez	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 6 Evergreen St	City Bridgeport	State CT	Zip Code 06606-5710
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$300.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Dorothy Gant	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 213 Anthony St	City Bridgeport	State CT	Zip Code 06605
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Kyle Hoffman	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 116 Harlem Ave	City Bridgeport	State CT	Zip Code 06606-4661
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$360.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Geneisha Jackson	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 205 Anthony St	City Bridgeport	State CT	Zip Code 06605
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Walgreens	07/18/2010	<input type="checkbox"/> Check #	
Secondary Payee Wanda Geter-Pataky	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 93 Gurdon St	City Bridgeport	State CT	
Zip Code 06606-5032		Event #	
Description Stipend			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$360.00
Other Candidate(s) Name Office Sought 			
Walgreens	07/18/2010	<input type="checkbox"/> Check #	
Secondary Payee Charlene Gray	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 98 Olson Dr	City Ansonia	State CT	
Zip Code 06401-1763		Event #	
Description Stipend			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$120.00
Other Candidate(s) Name Office Sought 			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sam Adorn	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 2777 Broadbridge	City Stratford	State CT	Zip Code 06614
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$120.00
Name of Worker/Consultant Walgreens	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Donna Geter	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 124 Livingston Pl	City Bridgeport	State CT	Zip Code 06610-1736
Description Stipend			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$120.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lamont For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Walgreens	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Hazel Moore	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 213 Anthony St	City Bridgeport	State CT		Zip Code 06605
Description Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$120.00
Walgreens	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Tracy Wright	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 205 Anthony St	City Bridgeport	State CT		Zip Code 06605
Description Stipend				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$120.00
Total of Section R			\$5,280.00	

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