

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

Candidates for Statewide Offices and General Assembly

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/08



Electronic Filing

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SUMMARY PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
Lembo 2010				<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee	
3. TREASURER NAME					
Title	First	MI	Last	Suffix	
	Liza Janssen		Petra		
4. TREASURER ADDRESS					
Street Address		City	State	Zip Code	
44 Old Quarry Rd		Guilford	CT	06437	
5. ELECTION DATE		6. OFFICE SOUGHT (if applicable)		7. DISTRICT CODE (if applicable)	
11/02/2010		State Comptroller			
8. CANDIDATE NAME					
Title	First	MI	Last	Suffix	
	Kevin		Lembo		
9. TYPE OF REPORT					
October 10 Filing - Original					
10. PERIOD COVERED					
Beginning Date		Ending Date			
09/03/2010		thru		09/30/2010	
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		Liza Janssen Petra		10/04/2010	
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	
Lembo 2010	Original 10/12/2010	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$734,422.19	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$82,168.10
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D-1)	\$690.00	\$1,124,807.10
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)	\$690.00	\$1,206,975.20
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$735,112.19	\$1,206,975.20
20. Expenses Paid by Committee (Section N)	\$36,866.62	\$508,729.63
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$698,245.57	\$698,245.57
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$138.52
23. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$10,691.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$10,691.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE					FILING DUE DATE	
Lembo 2010					Original 10/12/2010	
C1. Contributions from Other Committees						
Name of Committee				Name of Treasurer		
Address			Is this contribution associated with a fundraising event listed in Section J1?		Yes No	If yes, list Event #
City			State	Zip Code	Date Received	Aggregate Contributions
Total of Section C1						

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

D. Loans Received this Period

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

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

E. Personal Funds of the Candidate Received this Period

Date Received	Amount	Method of Payment		
		Cash	Personal Check	Credit/Debit Card

Total of Section E

I. MONETARY RECEIPTS (Section A-I)					
NAME OF COMMITTEE					FILING DUE DATE
Lembo 2010					Original 10/12/2010
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
Lembo 2010				Original 10/12/2010
G. Interest from Deposits in Authorized Accounts				
Name of Institution		Date Received		Total Amount Received
Street Address	City	State	Zip Code	
Total of Section G				

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

I. MONETARY RECEIPTS (Section A-K)

NAME OF COMMITTEE				FILING DUE DATE	
Lembo 2010				Original 10/12/2010	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
290 Pratt Street LLC			09/29/2010		
Street Address		City	State	Zip Code	
290 Pratt St		Meriden	CT	06450-8600	
Description					\$690.00
Returned rent deposit					
Total of Section I					\$690.00

II. FUNDRAISING EVENT ACTIVITY

NAME OF	FILING DUE DATE
COMMITTEE Lembo 2010	Original 10/12/2010

J1. Fundraising Event Information

Fundraising Event # Date of Fundraiser	Description Letter	Location: Street Address	City	State	Zip Code
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
Lembo 2010	Original 10/12/2010

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

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

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

J3. In-Kind Donations Not Considered Contributions

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

Total of Section J3	
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III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

K. In-Kind Contributions

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

III. Non Monetary Receipts

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

L. Refundable Deposit to Telephone Company

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

III. NONMONETARY RECEIPTS

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

**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
Lembo 2010							Original 10/12/2010
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Services					09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
4000 Coral Ridge Dr	Coral Springs	FL	33065-7614	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Service 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						\$8.30	
Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Services					09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
4000 Coral Ridge Dr	Coral Springs	FL	33065-7614	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Service 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						\$683.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Merchant Services					09/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
4000 Coral Ridge Dr	Coral Springs	FL	33065-7614	WEB	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Service 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						\$16.70	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Royal Printing Service	09/09/2010	<input checked="" type="checkbox"/> Check #		
Street Address 588 Boston Post Rd	City Guilford	State CT		Zip Code 06437
Purpose of Expenditure PRNT				166
Description Printing of letters and envelopes				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$1,267.76	
jonathan pelto	09/10/2010	<input checked="" type="checkbox"/> Check #		
Street Address 35 Hunters Run	City Mansfield	State CT		Zip Code 06268-2748
Purpose of Expenditure CNSLT				167
Description Consultant Fee				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$3,000.00	
John Bailey	09/15/2010	<input checked="" type="checkbox"/> Check #		
Street Address 15 Greenhurst Rd	City West Hartford	State CT		Zip Code 06107
Purpose of Expenditure WAGE				169
Description Salary				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$1,500.00	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Lembo 2010						Original 10/12/2010	
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
AT&T					09/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>171</u>	
PO Box 8110		Aurora	IL	60507	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
Internet							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$143.56	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Michelle Gilman					09/20/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>174</u>	
247 Woodbine Rd		Colchester	CT	06415	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$361.30	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Barker Specialty					09/20/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
27 Realty Dr		Cheshire	CT	06410	A-SIGN		
Description						Event #	
Lawn Signs							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$5,138.50	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE						FILING DUE DATE		
Lembo 2010						Original 10/12/2010		
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
jonathan pelto					09/28/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	175		
35 Hunters Run		Mansfield	CT	06268-2748	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #		
Consultant Fee								
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								
Total of Section N							\$3,000.00	
Total of Section N							\$36,866.62	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Lembo 2010					Original 10/12/2010	
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	
Lembo 2010						Original 10/12/2010	
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution				Type of Credit Card: <div style="display: flex; justify-content: space-around; font-size: small;"> Visa Master Card Discover American </div> Other			
Name of Vendor					Date of Transaction		Amount
Street Address		City		State	Zip Code		
Purpose of Expenditure	Description				Event #		
Total of Section P							

IV. EXPENDITURES

IV. EXPENDITURES								
NAME OF COMMITTEE						FILING DUE DATE		
Lembo 2010						Original 10/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period								
Name of Creditor Lake Research Partners				Date Incurred 09/15/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address 1726 M St NW Ste 1100			City Washington		State DC	Zip Code 20036		
Purpose of Expenditure POLLS	Description Research							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought		\$5,182.50
Name of Creditor Cox Communications				Date Incurred 09/21/2010	Event #		Amount Incurred (Estimate or Actual)	
Street Address PO Box 182656			City Columbus		State OH	Zip Code 43218		
Purpose of Expenditure OVHD	Description Telephone Service/Internet/Cable							
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Other Candidate(s) Name		Office Sought		\$376.86

IV. EXPENDITURES

NAME OF COMMITTEE							FILING DUE DATE		
Lembo 2010							Original 10/12/2010		
Q. Expenses Incurred By Committee but Not Paid During this Period									
Name of Creditor Nesbitt Research Group					Date Incurred 09/27/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 2120 L St NW Ste 305				City Washington			State DC	Zip Code 20037	
Purpose of Expenditure CNSLT	Description Research								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$4,931.64
Name of Creditor Zuse Inc.					Date Incurred 09/28/2010		Event #		Amount Incurred (Estimate or Actual)
Street Address 727 Boston Post Rd				City Guilford			State CT	Zip Code 06437	
Purpose of Expenditure A-OTH	Description t-shirts								
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name			Office Sought			\$200.00
Total of Section Q							\$10,691.00		

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Gilman, Michelle	Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Best Buy	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 3377 Berlin Tpke	City Newington	State CT	Zip Code 06111
Description Toner and Camera Card			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$30.72
Other Candidate(s) Name		Office Sought	

Name of Worker/Consultant Gilman, Michelle	Date of Payment 09/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee FedEx	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Street Address 3105 Berlin Tpke	City Newington	State CT	Zip Code 06111
Description Shipping fees			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$57.94
Other Candidate(s) Name		Office Sought	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Gilman, Michelle	09/05/2010	<input type="checkbox"/> Check #	
Secondary Payee Haddam Neck Fair	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 26 Quarry Hill Rd	City East Hampton	State CT	Zip Code 06424
Description Admission fees to fair			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$21.00
Gilman, Michelle	09/07/2010	<input type="checkbox"/> Check #	
Secondary Payee Photo Connection of Colchester	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 199 Old Hartford Rd # 1A	City Colchester	State CT	Zip Code 06415
Description Audio/Visual Services			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$10.59

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Gilman, Michelle	09/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Rocky Hill Post Office	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card		
Street Address 32 Church St	City Rocky Hill	State CT		Zip Code 06067
Description Postage		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$154.00	
Gilman, Michelle	09/08/2010	<input type="checkbox"/> Check #		
Secondary Payee Office Depot	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 1295 Silas Deane Hwy	City Wethersfield	State CT		Zip Code 06109
Description Envelopes		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$29.66	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Lembo 2010	Original 10/12/2010

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Gilman, Michelle	09/13/2010	<input type="checkbox"/> Check #	
Secondary Payee Rocky Hill Post Office	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Street Address 32 Church St	City Rocky Hill	State CT	Zip Code 06067
Description Postage	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Candidate(s) Name	Office Sought	\$11.52
Total of Section R			\$315.43

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