

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				
Dan Malloy For Governor					<input checked="" type="checkbox"/> Candidate Committee <input type="checkbox"/> Exploratory Committee				
3. TREASURER NAME									
Title	First	MI	Last	Suffix					
	Len	S	Miller						
4. TREASURER ADDRESS									
Street Address				City	State	Zip Code			
8 Kings Ln				Essex	CT	06426			
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					
	Dannel	P.	Malloy						
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			Len Miller			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	
Dan Malloy 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	\$542,902.84	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$192,746.00
15. Receipts from Other Committees (Sections C1 + C2)	\$0.00	\$47,444.41
16. Other Monetary Receipts (Section D-1)	\$0.00	\$2,499,934.21
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)	\$0.00	\$2,740,124.62
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$542,902.84	\$2,740,124.62
20. Expenses Paid by Committee (Section N)	\$316,673.08	\$2,513,894.86
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$226,229.76	\$226,229.76
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$1,797.67
23. In-Kind Contributions Received (Section K)	\$0.00	\$165.82
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
25. Receipts of Organization Expenditures (Section M)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	\$0.00
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	\$0.00
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$707.03
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

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?		Aggregate Contributions
		Executive	Legislative	Yes		No
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	
Dan Malloy For Governor						
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 #
						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
Dan Malloy 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
Dan Malloy 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				Other		
Street Address	City	State	Zip Code	Committee	Date Received	

Total of Section D

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

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
Dan Malloy 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
Dan Malloy 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
Dan Malloy For Governor			
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	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	
Dan Malloy For Governor					
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address		City	State	Zip Code	
Description					
Total of Section I					

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE Dan Malloy For Governor	FILING DUE DATE
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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
Dan Malloy 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: Cash Personal Check Credit/Debit Card				Aggregate Amount of Purchases
Residential Street Address	City	State	Zip Code	Date Received	Event #		
Items Purchased							

Total of Section J2

II. FUNDRAISING EVENT ACTIVITY

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

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
Dan Malloy For Governor	

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? If yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative	
Is this contribution associated with a fundraising event listed in Section 11? 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
Dan Malloy 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	
Dan Malloy 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
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Matthew LeBeau	07/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address 4 Gorman Pl	City East Hartford	State CT	Zip Code 06108-1450
Purpose of Expenditure RCW		365 <input type="checkbox"/> Debit Card	
Description gas reimbursement, office supplies		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$94.56	
Quality Petroleum	07/15/2010	<input type="checkbox"/> Check #	
Street Address 180 Connecticut Ave # I -95S Exit 14	City Norwalk	State CT	Zip Code 06854-1962
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card	
Description gas for campaign car		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$49.38	
7-Eleven	07/15/2010	<input type="checkbox"/> Check #	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card	
Description gas for campaign car		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	
		\$46.14	

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					07/15/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	366	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$160.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	366	
316 Hedgerow Ln		Doylestown	PA	18901-5736	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$646.16
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	366	
420 James St		Bay City	MI	48706-3930	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$646.16
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Josh Cantor					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
39 Colony Rd		West Hartford	CT	06117-2215	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$276.92
Name of Payee					Date of Payment	Method of Payment	Amount
Shawn R. Flaherty					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
61 Steep Hollow Ln		Manchester	CT	06040-4521	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,615.38
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
42 Lancaster Rd		West Hartford	CT	06119-1521	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$646.16

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Zack Hyde					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	363	
42 Lancaster Rd		West Hartford	CT	06119-1521	TRVL	<input type="checkbox"/> Debit Card	
Description						Event #	
gas reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$38.56	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	363	
160 Adams St		Hartford	CT	06112-1802	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$738.46	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
SEIU 32BJ					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	361	
101 Avenue of the Americas Fl 22		New York	NY	10013-1941	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
salary and benefits for services of SEIU employee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,733.62	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Mandell					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1678 Randolph Rd		Middletown	CT	06457-4043	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$1,338.46
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Maxwell Goldman					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
35 Sherwood Ln		Norwich	CT	06360-5251	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$646.16
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
4 Gorman Pl		East Hartford	CT	06108-1450	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$646.16
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					07/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
215 Oxford St	Hartford	CT	06105-2249	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,653.84
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					07/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
11 Riverbend Dr S	Stamford	CT	06907-2524	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,773.46
Name of Payee					Date of Payment	Method of Payment	Amount
Katharine S. Urbank					07/16/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
227 Brookdale Rd	Stamford	CT	06903-4118	WAGE	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$692.31

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Arielle Reich					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
25 Adams Ave Unit 110		Stamford	CT	06902-3785	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2,115.38
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					07/16/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>362</u> <input type="checkbox"/> Debit Card	
600 Asylum Ave Apt 825		Hartford	CT	06105-3807	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$238.40
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
600 Asylum Ave Apt 825		Hartford	CT	06105-3807	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$3,138.46

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
399 Route 165		Preston	CT	06365-8722	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,181.54
Name of Payee					Date of Payment	Method of Payment	Amount
Michael Caplet					07/16/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
113 Brainard Rd		Colchester	CT	06415-2040	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$738.46
Name of Payee					Date of Payment	Method of Payment	Amount
Ravi					07/19/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2211 Meriden Waterbury Tpke		Marion	CT	06444	TRVL		
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$43.15

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Luis Lopez	07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address 42 Pine St Apt 519	City Waterbury	State CT	Zip Code 06710-2145
Purpose of Expenditure CNSLT		368 <input type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$500.00
Commercial Service Secretarial, Design & Copy Shop	07/19/2010	<input checked="" type="checkbox"/> Check #	
Street Address 45 Freight St Rm 1	City Waterbury	State CT	Zip Code 06702-1814
Purpose of Expenditure PRNT		367 <input type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$1,000.00
New York City Department of Transportation	07/19/2010	<input type="checkbox"/> Check #	
Street Address 10 Richmond Ter Ste 300	City Staten Island	State NY	Zip Code 10301-1954
Purpose of Expenditure TRVL		<input checked="" type="checkbox"/> Debit Card	
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$5.00

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
SKD Knickerbocker	07/20/2010	<input type="checkbox"/> Check #	\$260,000.00	
Street Address 1818 N St NW Ste 450	City Washington	State DC		Zip Code 20036-2473
Purpose of Expenditure A-TV				<input checked="" type="checkbox"/> Debit Card
Description advertising				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name _____ Office Sought _____				
Shell	07/20/2010	<input type="checkbox"/> Check #	\$49.73	
Street Address 307 Connecticut Ave	City Norwalk	State CT		Zip Code 06854-1805
Purpose of Expenditure TRVL				<input checked="" type="checkbox"/> Debit Card
Description gas for campaign car				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name _____ Office Sought _____				
GSG Communications, LLC	07/20/2010	<input type="checkbox"/> Check #	\$25,000.00	
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure A-OTH				<input checked="" type="checkbox"/> Debit Card
Description online advertising				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name _____ Office Sought _____				

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
People's United Bank					07/20/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
350 Bedford St Fl 2	Stamford	CT	06901-1741	BNK			
Description						Event #	
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
People's United Bank					07/20/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<input checked="" type="checkbox"/> Debit Card	
350 Bedford St Fl 2	Stamford	CT	06901-1741	BNK			
Description						Event #	
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
Michael Caplet					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		<u>393</u> <input type="checkbox"/> Debit Card	
113 Brainard Rd	Colchester	CT	06415-2040	RCW			
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$121.52

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Chris McArdle	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
41 Bennetts Bridge Rd	Sandy Hook	CT		06482-1440
Purpose of Expenditure				390
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			\$1,000.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name				
Office Sought				
Katharine S. Urbank	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
227 Brookdale Rd	Stamford	CT		06903-4118
Purpose of Expenditure				389
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			\$598.09	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name				
Office Sought				
Brandon Hall	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
104 Harbor Rd	Westport	CT		06880-6916
Purpose of Expenditure				388
Description			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?			\$250.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Other Candidate(s) Name				
Office Sought				

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Brett Wilderman					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	387	
39 Nutmeg Ln		New Canaan	CT	06840-4230	REF	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$290.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew Gianquinto					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	392	
215 Oxford St		Hartford	CT	06105-2249	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$40.27
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					07/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure		
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	WAGE	<input checked="" type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,476.92
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES							
NAME OF COMMITTEE						FILING DUE DATE	
Dan Malloy For Governor							
N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					07/21/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
2120 Park St		Hartford	CT	06106-2026	TRVL		
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$38.89
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>394</u> <input type="checkbox"/> Debit Card	
316 Hedgerow Ln		Doylestown	PA	18901-5736	RCW		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$51.47
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Electronic Recycling					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>385</u> <input type="checkbox"/> Debit Card	
97 West Ave		Stratford	CT	06615-6112	OVHD		
Description						Event #	
printers							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$120.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Luis Chaura					07/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
555 S Main St	Waterbury	CT	06706-1020	CNSLT	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
entertainment, 7/24/2010 GOTV event							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$500.00	
Name of Payee					Date of Payment	Method of Payment	Amount
Donut Delight					07/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
349 West Ave	Stamford	CT	06902-6313	FOOD	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$6.47	
Name of Payee					Date of Payment	Method of Payment	Amount
BP					07/21/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
611 Main St	East Hartford	CT	06108-3305	TRVL	<input checked="" type="checkbox"/> Debit Card		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No						\$28.15	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Nathan Wilson	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 399 Route 165	City Preston	State CT		Zip Code 06365-8722
Purpose of Expenditure RCW				391
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Event #	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$369.29	
Tawana Galberth	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 63 Sylvan Ave	City New Haven	State CT		Zip Code 06519-1026
Purpose of Expenditure CNSLT				369
Description canvasser				<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	
			\$250.00	
Zubleika Cruz	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 33 Rock Creek Rd	City New Haven	State CT		Zip Code 06515-1207
Purpose of Expenditure CNSLT				370
Description canvasser				<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	
			\$125.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Shatima Clark	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
599 Whalley Ave	New Haven	CT		06511-2910
Purpose of Expenditure				371
Description			Event #	
canvasser				
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$70.00	
Tommy Carter, Jr.	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
66 W Hills Rd	New Haven	CT		06515-1284
Purpose of Expenditure				372
Description			Event #	
canvasser				
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$70.00	
Lisa Hopkins	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address	City	State		Zip Code
16 Frances Hunter Dr	New Haven	CT		06511-3629
Purpose of Expenditure				373
Description			Event #	
canvasser				
Is this expenditure coordinated with another candidate for which reimbursement is sought?				
<input type="checkbox"/> Yes				
<input checked="" type="checkbox"/> No			\$250.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Bryan Burroughs					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	379		
16 Frances Hunter Dr	New Haven	CT	06511-3629	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
canvasser							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$135.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Heaven Hopkin					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	377		
16 Frances Hunter Dr	New Haven	CT	06511-3629	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
canvasser							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$250.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Rhianna Mendez					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	374		
58 Miller Rd	Bethany	CT	06524-3224	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
canvasser							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$175.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Quayshon Sharpe	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 1559 Chapel St	City New Haven	State CT		Zip Code 06511-4252
Purpose of Expenditure CNSLT				380
Description canvasser				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$135.00	
Radio Fe de Excelencia	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 182 Grand St Ste 217	City Waterbury	State CT		Zip Code 06702-1914
Purpose of Expenditure A-RAD				386
Description				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$1,000.00	
Chaz Washington	07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address 319 Grand Ave Fl 1	City New Haven	State CT		Zip Code 06513-3729
Purpose of Expenditure CNSLT				375
Description canvasser				<input type="checkbox"/> Debit Card
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$225.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
Dwayne Grear					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	376		
237 Davenport Ave	New Haven	CT	06519-1244	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
canvasser							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$190.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Tyanna Fairweather					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	378		
57 Plymouth St	New Haven	CT	06519-2509	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
canvasser							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$150.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Ashli James					07/21/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	381		
322 Caroline St	Derby	CT	06418-1408	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #	
canvasser							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$35.00	
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

IV. EXPENDITURES								
NAME OF COMMITTEE							FILING DUE DATE	
Dan Malloy For Governor								
N. Expenses Paid By Committee								
Name of Payee					Date of Payment	Method of Payment		Amount
Dayron Wilkins					07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	382		
2134 Avalon Haven Dr		North Haven	CT	06473-1634	CNSLT	<input type="checkbox"/> Debit Card		
Description						Event #		
canvasser								
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			\$70.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Name of Payee					Date of Payment	Method of Payment		Amount
Via Al Paraiso					07/21/2010	<input checked="" type="checkbox"/> Check #		
Street Address		City	State	Zip Code	Purpose of Expenditure	384		
384 W Main St		Waterbury	CT	06702-1126	FOOD	<input type="checkbox"/> Debit Card		
Description						Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?			Other Candidate(s) Name		Office Sought			\$1,150.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Total of Section N							\$316,673.08	

IV. EXPENDITURES						
NAME OF COMMITTEE					FILING DUE DATE	
Dan Malloy For Governor						
O. Campaign Expenses Paid By Candidate						
Name of Payee				Date of Payment	Is Reimbursement Claimed?	Amount
Street Address			City	State	Zip Code	
Purpose of Expenditure	Description				Event #	
Total of Section O						

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

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

Q. Expenses Incurred By Committee but Not Paid During this Period

Name of Creditor		Date Incurred	Event #		Amount Incurred (Estimate or Actual)
Street Address	City	State	Zip Code		
Purpose of Expenditure	Description				
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) Name	Office Sought			
Yes					
No					

Total of Section Q

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
LeBeau, Matthew	07/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 2550 Albany Ave	City West Hartford	State CT		Zip Code 06117-2301
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$70.98	
Wilson, Nathan	07/15/2010	<input type="checkbox"/> Check #		
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 06111-5148
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$127.17	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Gianquinto, Matthew	07/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 2299 Summer St	City Stamford	State CT		Zip Code 06905-4502
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$40.27	
Caplet, Michael	07/15/2010	<input type="checkbox"/> Check #		
Secondary Payee Square Dance Village	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 171C Spencer St	City Manchester	State CT		Zip Code 06040-4617
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$10.00	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Garland, Joseph	07/15/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure OVHD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 105378	City Atlanta	State GA	Zip Code 30348-5378
Description cell phone reimbursement, June & July			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$160.00
Name of Worker/Consultant LeBeau, Matthew	Date of Payment 07/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 2120 Park St	City Hartford	State CT	Zip Code 06106-2026
Description gas reimbursement			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$38.58

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Kelly, Daniel	Date of Payment 07/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee UnitedHealthOne	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 7440 Woodland Dr	City Indianapolis	State IN	Zip Code 46278-1720
Description July health care			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$198.00
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Kelly, Daniel	Date of Payment 07/15/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee AT&T Wireless	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 6416	City Carol Stream	State IL	Zip Code 60197-6416
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$100.00
Other Candidate(s) Name			Office Sought

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Caplet, Michael	Date of Payment 07/16/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Big Y	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 1418 Storrs Rd	City Mansfield	State CT	Zip Code 06250
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$111.52
Other Candidate(s) Name Office Sought 			
Name of Worker/Consultant Wilson, Nathan	Date of Payment 07/18/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Radioshak	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card	
Street Address 63 Overlook Ter	City Hartford	State CT	Zip Code 06106-3638
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$25.40
Other Candidate(s) Name Office Sought 			

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant	Date of Payment	Method of Payment	Amount	
Wilson, Nathan	07/18/2010	<input type="checkbox"/> Check #		
Secondary Payee Home Depot	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card		
Street Address 503 New Park Ave	City West Hartford	State CT		Zip Code 06110-1326
Description lawn sign ties		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$66.71	
Urbank, Katharine	07/19/2010	<input type="checkbox"/> Check #		
Secondary Payee Staples.com	Purpose of Expenditure OFFICE	<input checked="" type="checkbox"/> Debit Card		
Street Address 500 Staples Dr	City Framingham	State MA		Zip Code 01702-4474
Description paper, supplies - New Haven		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$426.08	

IV. EXPENDITURES

NAME OF COMMITTEE	FILING DUE DATE
Dan Malloy For Governor	

R. Itemization of Reimbursements to Committee Workers and Consultants

Name of Worker/Consultant Blanchard, Robert	Date of Payment 07/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Stop & Shop	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 2200 Bedford St	City Stamford	State CT	Zip Code 06905-3905
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$16.99
Other Candidate(s) Name _____ Office Sought _____			
Name of Worker/Consultant Blanchard, Robert	Date of Payment 07/21/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil	Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 623 W Putnam Ave	City Greenwich	State CT	Zip Code 06830-6006
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$34.48
Other Candidate(s) Name _____ Office Sought _____			
Total of Section R			\$1,748.20

IV. EXPENDITURES				
NAME OF COMMITTEE				FILING DUE DATE
Dan Malloy 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				