

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 57

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									
90% Supplemental Statement Primary - Original									
10. PERIOD COVERED									
Beginning Date					Ending Date				
07/29/2010					thru 08/04/2010				
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			08/05/2010			
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	\$212,302.48	
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-I)	\$2,473.36	\$2,502,407.57
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14-17)	\$2,473.36	\$2,742,597.98
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$214,775.84	\$2,742,597.98
20. Expenses Paid by Committee (Section N)	\$132,153.56	\$2,659,975.70
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$82,622.28	\$82,622.28
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	\$754.82
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 <i>(See instructions for definition of Small Contributor)</i>						Subtotal Section A		
B. Itemized Contributions from Individuals								
Last Name		First Name		MI	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Contribution ID #	Amount of Contribution
Residential Street Address		City		State	Zip Code		Date Received	
Principal Occupation		Name of Employer		Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event #		Yes No		
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes No Executive Legislative		Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		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	
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 #
City		State	Zip Code	Date Received	Aggregate Contributions		Amount of Contribution
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 No	
				Candidate		
Name of Cosigner/Guarantor				Individual		
				Other Committee		
Street Address	City	State	Zip Code	Date Received		
Total of Section D						

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		FILING DUE DATE
Dan Malloy For Governor		
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: 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	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
Malloy Insurance Agency, Inc.			08/04/2010		
Street Address		City	State	Zip Code	
87 Glenbrook Rd		Stamford	CT	06902-2971	
Description					
refund resulting from switch to new agency - Insurance and Financial Services Inc.					\$2,473.36
Total of Section I					\$2,473.36

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
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Was this fundraising event hosted at a personal residence?	Yes	No
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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
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Was this fundraiser a tag sale, auction, or other sale of donated items?	Yes	No
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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 Last Name <i>(Individuals ONLY)</i>	First Name	MI	Method of payment:				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							

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: Executive Legislative	Yes No		
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
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
People's United Bank	07/29/2010	<input type="checkbox"/> Check #	
Street Address 350 Bedford St Fl 2	City Stamford	State CT	Zip Code 06901-1741
Purpose of Expenditure BNK		<input checked="" type="checkbox"/> Debit Card	
Description wire transfer fee		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$25.00
SKD Knickerbocker	07/29/2010	<input type="checkbox"/> Check #	
Street Address 1818 N St NW Ste 450	City Washington	State DC	Zip Code 20036-2473
Purpose of Expenditure A-TV		<input checked="" type="checkbox"/> Debit Card	
Description		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought
			\$50,000.00
Shell	07/29/2010	<input type="checkbox"/> Check #	
Street Address 857 Main St	City Torrington	State CT	Zip Code 06790-3346
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
			\$44.32

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
Shoprite					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
31 Main St		East Hartford	CT	06118-3209	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		\$41.04	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Joseph W. Garland					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
32 E Lance Leaf Rd		The Woodlands	TX	77381-2826	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,476.92	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
316 Hedgerow Ln		Doylestown	PA	18901-5736	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
Kyle J. Buda					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
420 James St		Bay City	MI	48706-3930	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$646.16
Name of Payee					Date of Payment	Method of Payment	Amount
Josh Cantor					07/30/2010	<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					07/30/2010	<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

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					07/30/2010	<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
Name of Payee					Date of Payment	Method of Payment	Amount
Shirley A. Surgeon					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
160 Adams St		Hartford	CT	06112-1802	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
Hartford Parking Authority					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
155 Morgan St		Hartford	CT	06103-1309	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$2.00

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
Arielle Reich					07/30/2010	<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
Matthew Gianquinto					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
215 Oxford St		Hartford	CT	06105-2249	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							\$1,653.84
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,773.46

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
Maxwell Goldman					07/30/2010	<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
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$646.16
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					07/30/2010	<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
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$646.16
Name of Payee					Date of Payment	Method of Payment	Amount
Katharine S. Urbank					07/30/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
227 Brookdale Rd		Stamford	CT	06903-4118	WAGE		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<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
Michael Mandell					07/30/2010	<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
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$1,338.46
Name of Payee					Date of Payment	Method of Payment	Amount
Nathan Wilson					07/30/2010	<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
Daniel P. Kelly, Jr.					07/30/2010	<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	
Fuller Motorhome Rentals, Inc.	07/31/2010	<input type="checkbox"/> Check #		
Street Address 150 Shrewsbury St	City Boylston	State MA		Zip Code 01505-1710
Purpose of Expenditure EFV *				<input checked="" type="checkbox"/> Debit Card
Description share of RV rental				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	
			\$1,973.28	
People's United Bank	07/31/2010	<input type="checkbox"/> Check #		
Street Address 350 Bedford St Fl 2	City Stamford	State CT		Zip Code 06901-1741
Purpose of Expenditure BNK				<input checked="" type="checkbox"/> Debit Card
Description bank check fee				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$7.00	
Political Marketing International, Inc.	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 698	City Marianna	State FL		Zip Code 32447-0698
Purpose of Expenditure A-PH-BNK				<u>489</u> <input type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought	
			\$5,000.00	

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
WBON Broadcasting					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	448	
231 Hough Ave		Bridgeport	CT	06608-2818	A-RAD	<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			\$2,765.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Claudette Fried					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	472	
12 Priorwood Gdn		Cromwell	CT	06416-2710	Misc *	<input type="checkbox"/> Debit Card	
Description						Event #	
makeup services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$125.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Arthur Perry					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	447	
40 Cambridge St		New Britain	CT	06051-3903	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$239.26
<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
Comcast					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	477	
PO Box 196		Newark	NJ	07101-0196	OVHD	<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			\$411.06
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Comcast					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	479	
PO Box 196		Newark	NJ	07101-0196	OVHD	<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			\$437.65
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Aqueelah Clyburn					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	497	
175 Newhall St		New Haven	CT	06511-1949	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			\$90.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Nicole Bond	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 231 Davenport Ave	City New Haven	State CT		Zip Code 06519-1244
Purpose of Expenditure CNSLT				498
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	
			\$60.00	
Groundswell Communications, Inc.	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 101 N Union St Ste 305	City Alexandria	State VA		Zip Code 22314-3231
Purpose of Expenditure A-PH-BNK				481
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	
			\$4,800.00	
St. Luke's Development Corporation	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 11 Whalley Ave	City New Haven	State CT		Zip Code 06511-3218
Purpose of Expenditure OVHD				487
Description New Haven - Aug rent				<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	
			\$380.00	

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NAME OF COMMITTEE						FILING DUE DATE	
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Name of Payee					Date of Payment	Method of Payment	Amount
Insurance and Financial Services, Inc.					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	482	
832 Bedford St		Stamford	CT	06901-1116	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
liability/workers comp insurance							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$4,109.28	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Job Rosario					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	488	
128 Hamden Ave		Waterbury	CT	06704-2761	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$147.25	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Mae Ola Riddick					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	499	
231 Davenport Ave Fl 2		New Haven	CT	06519-1244	CNSLT	<input type="checkbox"/> Debit Card	
Description						Event #	
cavasser							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$90.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount
Katie Spellman	08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address 231 Davenport Ave Fl 3	City New Haven	State CT	Zip Code 06519-1244
Purpose of Expenditure CNSLT		500 <input type="checkbox"/> Debit Card	
Description canvasser		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$25.00
Crystal Moore	08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address 155 Dixwell Ave	City New Haven	State CT	Zip Code 06511-3413
Purpose of Expenditure CNSLT		501 <input type="checkbox"/> Debit Card	
Description canvasser		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	\$55.00
Nathan Wilson	08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address 399 Route 165	City Preston	State CT	Zip Code 06365-8722
Purpose of Expenditure RCW		511 <input type="checkbox"/> Debit Card	
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	\$66.00

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Name of Payee	Date of Payment	Method of Payment	Amount
Tawana Galberth	08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address 63 Sylvan Ave	City New Haven	State CT	Zip Code 06519-1026
Purpose of Expenditure CNSLT		505 <input type="checkbox"/> Debit Card	
Description canvasser		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$245.00
Name of Payee	Date of Payment	Method of Payment	Amount
Zuleyka Cruz	08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address 33 Rock Creek Rd	City New Haven	State CT	Zip Code 06515-1207
Purpose of Expenditure CNSLT		467 <input type="checkbox"/> Debit Card	
Description canvasser		Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name Office Sought	\$30.00
Name of Payee	Date of Payment	Method of Payment	Amount
Shatima Clark	08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address 599 Whalley Ave	City New Haven	State CT	Zip Code 06511-2910
Purpose of Expenditure CNSLT		509 <input type="checkbox"/> Debit Card	
Description canvasser		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

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N. Expenses Paid By Committee							
Name of Payee					Date of Payment	Method of Payment	Amount
Bryan Burroughs					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	515	
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		\$180.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Lisa Hopkins					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	503	
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		\$430.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Rhianna Mendez					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	507	
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							

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Name of Payee				Date of Payment	Method of Payment	Amount
Quayshon Sharpe				08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	514	
1559 Chapel St	New Haven	CT	06511-4252	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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$15.00
Name of Payee				Date of Payment	Method of Payment	Amount
Chaz Washington				08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	504	
319 Grand Ave Fl 1	New Haven	CT	06513-3729	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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$140.00
Name of Payee				Date of Payment	Method of Payment	Amount
Dwane Grear				08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	466	
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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$80.00

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NAME OF COMMITTEE						FILING DUE DATE
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N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Payment	Amount
Iyanna Fairweather				08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$140.00
Name of Payee				Date of Payment	Method of Payment	Amount
Ashli James				08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
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		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$170.00
Name of Payee				Date of Payment	Method of Payment	Amount
Jacqueline James-Evans				08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	
78 Orchard St		New Haven	CT	06519-1010	RCW	<input type="checkbox"/> Debit Card
Description					Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		
<input type="checkbox"/> Yes						
<input checked="" type="checkbox"/> No						\$12.72

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NAME OF COMMITTEE						FILING DUE DATE	
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Name of Payee					Date of Payment	Method of Payment	Amount
Sonia Aguirre					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	468	
143 Dixwell Ave		New Haven	CT	06511-3413	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		\$40.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Miguel Mendez					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	513	
129 High Top Cir		Hamden	CT	06514-4809	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		\$255.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
DeMarl Allen					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	502	
3 Wayfarer St		New Haven	CT	06515-1025	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		\$120.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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NAME OF COMMITTEE						FILING DUE DATE	
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Name of Payee					Date of Payment	Method of Payment	Amount
Marquis Brown					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	508	
169 Butler St		New Haven	CT	06511-1138	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		\$220.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Gregory Smith					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	510	
135 Butler St		New Haven	CT	06511-1138	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		\$245.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Cablevision of Connecticut					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	476	
PO Box 9256		Chelsea	MA	02150-9256	OVHD	<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		\$103.24	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

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N. Expenses Paid By Committee

Name of Payee					Date of Payment	Method of Payment	Amount
W.B. Mason Company, Inc.					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	474		
PO Box 111	Brockton	MA	02303-0111	OFFICE	<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			\$148.35
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Magnani Press					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	475		
120 New Park Ave	Hartford	CT	06106-2185	PRNT	<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			\$487.60
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					08/02/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	478		
41 Bennetts Bridge Rd	Sandy Hook	CT	06482-1440	CNSLT	<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			\$1,000.00
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							

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Name of Payee	Date of Payment	Method of Payment	Amount	
GSG Communications, LLC	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure A-WEB				483
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	
			\$15,000.00	
GSG Communications, LLC	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 895 Broadway Fl 5	City New York	State NY		Zip Code 10003-1226
Purpose of Expenditure CNSLT				484
Description August fees				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$3,333.00	
Michael Caplet	08/02/2010	<input type="checkbox"/> Check #		
Street Address 113 Brainard Rd	City Colchester	State CT		Zip Code 06415-2040
Purpose of Expenditure WAGE				<input checked="" type="checkbox"/> Debit Card
Description				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$738.46	

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Name of Payee	Date of Payment	Method of Payment	Amount	
2074 Park Street LLC	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 2074 Park St	City Hartford	State CT		Zip Code 06106-2051
Purpose of Expenditure OVHD				486
Description Aug rent - Hartford				Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name	
			Office Sought	
			\$1,867.00	
Shell	08/02/2010	<input type="checkbox"/> Check #		
Street Address 1593 New Britain Ave	City West Hartford	State CT		Zip Code 06110-2015
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	
			\$46.81	
Daniel P. Kelly, Jr.	08/02/2010	<input checked="" type="checkbox"/> Check #		
Street Address 600 Asylum Ave Apt 825	City Hartford	State CT		Zip Code 06105-3807
Purpose of Expenditure RCW				473
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	
			\$114.07	

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Name of Payee				Date of Payment	Method of Payment	Amount
Mobil				08/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
I- 95 Connecticut Tpke W)	Darien	CT	06820	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		\$12.40
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Hartford Parking Authority				08/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
155 Morgan St	Hartford	CT	06103-1309	TRVL		
Description					Event #	
parking meters, Hartford						
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$3.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Name of Payee				Date of Payment	Method of Payment	Amount
Express Mart				08/03/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
351 Woodland St	Hartford	CT	06112-2150	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		\$46.69
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

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Name of Payee					Date of Payment	Method of Payment	Amount
Radio Cumbre					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	491	
1862 Commerce Dr		Bridgeport	CT	06605-2230	A-RAD	<input type="checkbox"/> Debit Card	
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?							
<input type="checkbox"/> Yes		Other Candidate(s) Name		Office Sought			\$1,008.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Groundswell Communications, Inc.					08/03/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	490	
101 N Union St Ste 305		Alexandria	VA	22314-3231	A-PH-BNK	<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			\$12,480.00
<input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Polski Express Mass Media LLC					08/04/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	517	
274 Broad St		New Britain	CT	06053-4096	A-NEWS	<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			\$300.00
<input checked="" type="checkbox"/> No							

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Name of Payee	Date of Payment	Method of Payment	Amount	
Susan Katz	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 120 Pinewood Trl	City Trumbull	State CT		Zip Code 06611-3313
Purpose of Expenditure CNSLT		<u>522</u>		<input type="checkbox"/> Debit Card
Description graphic design work		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	\$550.00
Katharine S. Urbank	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 227 Brookdale Rd	City Stamford	State CT		Zip Code 06903-4118
Purpose of Expenditure RCW		<u>519</u>		<input type="checkbox"/> Debit Card
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$72.45
La Voz Hispana de Connecticut	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address 51 Elm St Ste 307	City New Haven	State CT		Zip Code 06510
Purpose of Expenditure A-NEWS		<u>522</u>		<input type="checkbox"/> Debit Card
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$625.00

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Dan Malloy For Governor	

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment	Amount	
Cablevision of Connecticut	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 9256	City Chelsea	State MA		Zip Code 02150-9256
Purpose of Expenditure OVHD				518
Description Bridgeport phones/internet				<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	
			\$433.57	
Exxon Mobil	08/04/2010	<input type="checkbox"/> Check #		
Street Address Milford Turnpike East	City Milford	State CT		Zip Code 06460
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	
			\$43.50	
AT&T	08/04/2010	<input checked="" type="checkbox"/> Check #		
Street Address PO Box 8110	City Aurora	State IL		Zip Code 60507-8110
Purpose of Expenditure OVHD				520
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	
			\$911.65	

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
Classic 3D Car Wash					08/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Magee Ave		Stamford	CT	06902-5905	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$12.99
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Classic 3D Car Wash					08/04/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
55 Magee Ave		Stamford	CT	06902-5905	TRVL		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$12.99
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Total of Section N							\$132,153.56

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	Yes No	
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

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 #	
Street Address			City		State	Zip Code
Purpose of Expenditure	Description					Amount Incurred (Estimate or Actual)
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 Rosario, Job	Date of Payment 07/29/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Dunkin' Donuts	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 535 Watertown Ave	City Waterbury	State CT	Zip Code 06708-2200
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$29.66
Other Candidate(s) Name		Office Sought	

Name of Worker/Consultant Rosario, Job	Date of Payment 07/29/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Dunkin' Donuts	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address 535 Watertown Ave	City Waterbury	State CT	Zip Code 06708-2200
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$19.58
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
Perry, Arthur	07/29/2010	<input type="checkbox"/> Check #	
Secondary Payee Citgo	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 80 Airport Rd	City Hartford	State CT	Zip Code 06114-2003
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$20.04
Other Candidate(s) Name Office Sought			
Perry, Arthur	07/29/2010	<input type="checkbox"/> Check #	
Secondary Payee Getty	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 1919 Broad St	City Hartford	State CT	Zip Code 06114-1795
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$31.31
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 Urbank, Katharine	Date of Payment 08/02/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Fedex Kinko's	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Street Address 980 High Ridge Rd	City Stamford	State CT	Zip Code 06905-1601
Description fedex overnight			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$29.99
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant Wilson, Nathan	Date of Payment 08/02/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 176 West St	City Cromwell	State CT	Zip Code 06416-1880
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$32.72
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
Urbank, Katharine	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Fedex Kinko's	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Street Address 980 High Ridge Rd	City Stamford	State CT	Zip Code 06905-1601
Description fedex overnight			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$19.40
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Urbank, Katharine	08/03/2010	<input type="checkbox"/> Check #	
Secondary Payee Fedex Kinko's	Purpose of Expenditure POST	<input checked="" type="checkbox"/> Debit Card	
Street Address 980 High Ridge Rd	City Stamford	State CT	Zip Code 06905-1601
Description fedex overnight			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$23.06
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 Perry, Arthur	Date of Payment 08/03/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Stop & Shop Gas Station	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card	
Street Address 112 Amity Rd	City New Haven	State CT	
Zip Code 06515-1405		Event #	
Description 			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$40.46
Other Candidate(s) Name 			
Office Sought 			

Name of Worker/Consultant Perry, Arthur	Date of Payment 08/04/2010	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		Event #	
Description gas reimbursement			
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$45.82
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	
Perry, Arthur	08/04/2010	<input type="checkbox"/> Check #		
Secondary Payee 7-Eleven	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 2120 Park St	City Hartford	State CT		Zip Code 06106-2026
Description 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	
			\$43.65	
Wilson, Nathan	08/04/2010	<input type="checkbox"/> Check #		
Secondary Payee Mobil	Purpose of Expenditure TRVL	<input checked="" type="checkbox"/> Debit Card		
Street Address 176 West St	City Cromwell	State CT		Zip Code 06416-1880
Description		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$33.29	
Total of Section R			\$651.76	

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				