

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 42

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									
4th Supplemental Statement Primary - Original									
10. PERIOD COVERED									
Beginning Date		Ending Date							
07/08/2010		thru		07/14/2010					
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			07/15/2010			
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	\$557,611.42	
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)	\$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)	\$557,611.42	\$2,740,124.62
20. Expenses Paid by Committee (Section N)	\$14,708.58	\$2,197,221.78
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$542,902.84	\$542,902.84
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 <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 If yes, list Event #	Amount of Contribution
						No	
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	Candidate	
Name of Cosigner/Guarantor				Individual	Other	
				Committee	Yes No	
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		
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
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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: 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: Individual Business Entity		Fair Market Value of Donation
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 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
SEIU 32BJ	07/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address 101 Avenue of the Americas Fl 22	City New York	State NY	Zip Code 10013-1941
Purpose of Expenditure CNSLT		335 <input type="checkbox"/> Debit Card	
Description salary and benefits for services of SEIU employee			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$1,733.62
Chris McArdle	07/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address 41 Bennetts Bridge Rd	City Sandy Hook	State CT	Zip Code 06482-1440
Purpose of Expenditure CNSLT		338 <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
City Of Hartford	07/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address 550 Main St	City Hartford	State CT	Zip Code 06103-2913
Purpose of Expenditure A-TV		339 <input type="checkbox"/> Debit Card	
Description police escort for commerical shoot			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$384.00

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
Philip J. Nargi				07/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	343	
PO Box 2155	Waterbury	CT	06722-2155	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
rent - Waterbury office						
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						\$280.00
Name of Payee				Date of Payment	Method of Payment	Amount
St. Luke's Development Corporation				07/08/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	344	
11 Whalley Ave	New Haven	CT	06511-3218	OVHD	<input type="checkbox"/> Debit Card	
Description					Event #	
New Haven rent & security deposit						
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						\$1,710.00
Name of Payee				Date of Payment	Method of Payment	Amount
Monro Muffler/Brake				07/09/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure		
330 Prospect Ave , Shop 510	Hartford	CT	06106-2028	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						\$29.11

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
New York City Department of Transportation					07/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
10 Richmond Ter Ste 300	Staten Island	NY	10301-1954	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	\$5.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
New York City Department of Transportation					07/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
10 Richmond Ter Ste 300	Staten Island	NY	10301-1954	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	\$1.00
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
New York City Department of Transportation					07/12/2010	<input type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure			
10 Richmond Ter Ste 300	Staten Island	NY	10301-1954	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	\$5.00
<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
The Golden Nozzle					07/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
30 Kane St		Hartford	CT	06106-2027	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							\$17.00
Name of Payee					Date of Payment	Method of Payment	Amount
Paychex					07/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
11 Riverbend Dr S		Stamford	CT	06907-2524	BNK		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?						Other Candidate(s) Name	Office Sought
<input type="checkbox"/> Yes							
<input checked="" type="checkbox"/> No							\$250.00
Name of Payee					Date of Payment	Method of Payment	Amount
Sprint					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>345</u> <input type="checkbox"/> Debit Card	
307 Connecticut Ave		Norwalk	CT	06854-1805	OVHD		
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							\$170.10

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
Exxon Mobil					07/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
Milford Turnpike East		Milford	CT	06460	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			\$48.92
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
7-Eleven					07/12/2010	<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			\$36.62
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Daniel P. Kelly, Jr.					07/12/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>346</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			\$708.93
<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
Exxon					07/12/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
1044 Post Rd		Darien	CT	06820-5413	TRVL		
Description						Event #	
gas for campaign car							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$52.41	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Five Guys					07/13/2010	<input type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<input checked="" type="checkbox"/> Debit Card	
71 Amity Rd		New Haven	CT	06515-1403	FOOD		
Description						Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$16.18	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Jetland Properties, LLC					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	<u>355</u> <input type="checkbox"/> Debit Card	
1332 North Ave		Bridgeport	CT	06604-2672	OVHD		
Description						Event #	
Bridgeport office rental & deposit							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$1,200.00	
<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
Nathan Wilson					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	352	
399 Route 165		Preston	CT	06365-8722	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
July benefits reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$270.17	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
USPS					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	364	
West Avenue Station		Stamford	CT	06911	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
PO Box rental fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$195.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Enovai, Inc.					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	359	
1131 Tolland Tpke Ste O		Manchester	CT	06042-1679	WEB	<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		\$2,580.00	
<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
City Steam Brewery					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	348	
942 Main St		Hartford	CT	06103-1214	FOOD	<input type="checkbox"/> Debit Card	
Description						Event #	
deposit for campaign event							
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
Cornish Properties					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	354	
PO Box 1222		New London	CT	06320-1222	OVHD	<input type="checkbox"/> Debit Card	
Description						Event #	
New London rental							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$480.00	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Robert Blanchard					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	353	
316 Hedgerow Ln		Doylestown	PA	18901-5736	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
July benefits reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$123.20	
<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
Robert Blanchard					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	357	
316 Hedgerow Ln		Doylestown	PA	18901-5736	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			\$71.92
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	358	
420 James St		Bay City	MI	48706-3930	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			\$68.66
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Kyle J. Buda					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	350	
420 James St		Bay City	MI	48706-3930	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
July benefits reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought			\$66.00
<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
Shirley A. Surgeon					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	351	
160 Adams St		Hartford	CT	06112-1802	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
July benefits reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$226.98	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of Payee					Date of Payment	Method of Payment	Amount
Chris McArdle					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	360	
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							
Name of Payee					Date of Payment	Method of Payment	Amount
Matthew LeBeau					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address		City	State	Zip Code	Purpose of Expenditure	349	
4 Gorman Pl		East Hartford	CT	06108-1450	RCW	<input type="checkbox"/> Debit Card	
Description						Event #	
July benefits reimbursement							
Is this expenditure coordinated with another candidate for which reimbursement is sought?		Other Candidate(s) Name		Office Sought		\$128.34	
<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
Arielle Reich					07/14/2010	<input checked="" type="checkbox"/> Check #	
Street Address	City	State	Zip Code	Purpose of Expenditure	356		
25 Adams Ave Unit 110	Stamford	CT	06902-3785	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							\$1,600.42
Total of Section N						\$14,708.58	

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: <div style="display: flex; justify-content: space-around; font-size: small;"> Visa Master Card Discover American </div> Other		
Name of Vendor					Date of Transaction	Amount
Street Address		City	State	Zip Code		
Purpose of Expenditure	Description				Event #	
Total of Section P						

IV. EXPENDITURES					
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				
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 Kelly, Daniel	Date of Payment 07/08/2010	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 June 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 07/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Chatterley's	Purpose of Expenditure FOOD	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 469	City New Hartford	State CT	Zip Code 06057-0469
Description			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$200.00
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 Kelly, Daniel		Date of Payment 07/08/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Connecticut Stage and Movie Supply		Purpose of Expenditure Misc *	<input checked="" type="checkbox"/> Debit Card	
Street Address 459 East St	City Plainville	State CT	Zip Code 06062-3253	
Description costume for parade			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$100.70

Name of Worker/Consultant Reich, Arielle		Date of Payment 07/12/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee City Of Stamford		Purpose of Expenditure A-TV	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902	
Description police escort for commerical shoot			Event #	
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	\$556.80

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
Reich, Arielle	07/12/2010	<input type="checkbox"/> Check #	
Secondary Payee City Of Stamford	Purpose of Expenditure A-TV	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902
Description street use permit - commercial shoot			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$100.00
Name of Worker/Consultant	Date of Payment	Method of Payment	Amount
Reich, Arielle	07/12/2010	<input type="checkbox"/> Check #	
Secondary Payee City Of Stamford	Purpose of Expenditure A-TV	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902
Description film permit - commercial shoot			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Other Candidate(s) Name Office Sought
			\$100.00

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 Reich, Arielle	Date of Payment 07/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee City Of Stamford	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 888 Washington Blvd	City Stamford	State CT	Zip Code 06901-2902
Description August - health insurance			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$843.62
Other Candidate(s) Name			Office Sought
Name of Worker/Consultant LeBeau, Matthew	Date of Payment 07/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201
Description July benefits reimbursement			Event #
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			\$88.34
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	
Surgeon, Shirley A.	07/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address 370 Bassett Rd	City North Haven	State CT		Zip Code 06473-4201
Description July benefits 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	
			\$186.96	
Blanchard, Robert	07/14/2010	<input type="checkbox"/> Check #		
Secondary Payee Aetna	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card		
Street Address PO Box 72479326	City Philadelphia	State PA		Zip Code 19105-3961
Description July benefits reimbursement		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Candidate(s) Name	Office Sought	
			\$82.30	

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 Buda, Kyle	Date of Payment 07/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Sprint	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 420 James St	City Bay City	State MI	Zip Code 48706-3930
Description July benefits 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
			\$40.00

Name of Worker/Consultant Buda, Kyle	Date of Payment 07/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 120 Monument Cir	City Indianapolis	State IN	Zip Code 46204-4906
Description July benefits 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
			\$26.00

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
LeBeau, Matthew	07/14/2010	<input type="checkbox"/> Check #	
Secondary Payee AT&T	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address PO Box 8110	City Aurora	State IL	Zip Code 60507-8110
Description July benefits 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
			\$40.00
Name of Worker/Consultant Surgeon, Shirley A.	Date of Payment 07/14/2010	Method of Payment <input type="checkbox"/> Check #	Amount
Secondary Payee Verizon	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address Main Street	City East Hartford	State CT	Zip Code 06108
Description July benefits 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
			\$40.00

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
Wilson, Nathan	07/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Anthem Blue Cross Blue Shield	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address 370 Bassett Rd	City North Haven	State CT	Zip Code 06473-4201
Description July benefits 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
			\$230.17
Wilson, Nathan	07/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address Main Street	City East Hartford	State CT	Zip Code 06108
Description July benefits 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
			\$40.00

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
Blanchard, Robert	07/14/2010	<input type="checkbox"/> Check #	
Secondary Payee Verizon	Purpose of Expenditure WAGE	<input checked="" type="checkbox"/> Debit Card	
Street Address Main Street	City East Hartford	State CT	Zip Code 06108
Description July benefits 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
			\$40.00
Total of Section R			\$3,123.12

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				