

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

07 JUL 19 AM 10:36

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

Ned Lamont for Senate

ADDRESS (number and street) PO Box 422

Check if different than previously reported. (ACC) Green Farms CT 06838

2. FEC IDENTIFICATION NUMBER C00420117 CITY STATE ZIP CODE STATE DISTRICT IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), Termination Report (TER)

- (b) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S), Election on, in the State of

- (c) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S), Election on, in the State of

5. Covering Period 11 28 2006 through 12 31 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Sara Clarke Signature of Treasurer Date 07 12 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

27020270282

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Ned Lamont for Senate

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
1 1 2 8 2 0 0 6 1 2 3 1 2 0 0 6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	128338.55	143967.10
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	75.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	128338.55	143892.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	298328.01	820535.85
(b) Total Offsets to Operating Expenditures (from Line 14).....	29959.08	29959.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	268368.93	790576.77
8. Cash on Hand at Close of Reporting Period (from Line 27).....	23486.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	23042.94	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	41476.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

27020270283

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Ned Lamont for Senate

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
1 1 2 8 2 0 0 6 1 2 3 1 2 0 0 6

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2750.00	13350.00
(ii) Unitemized.....	910.00	5838.55
(iii) TOTAL of contributions from individuals..... ▶	3660.00	19188.55
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	1878.55	1978.55
(d) The Candidate.....	122800.00	122800.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	128338.55	143967.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	29959.08	29959.08
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	2715.78
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	158297.63	176641.96

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	298328.01	820535.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	75.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	75.00
21. OTHER DISBURSEMENTS.....	0.00	1.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▷	298328.01	820611.85

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	163516.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	158297.63
25. SUBTOTAL (add Line 23 and Line 24).....	321814.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	298328.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	23486.51

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. MAHMUT TANDOGAN		Date of Receipt M M / D D / Y Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 71 Marsh Road, P.O. Box 9468		Transaction ID: SA11A1.10180970	
City Noank State CT Zip Code 06430	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Perfection Yacht Repair Service Occupation Business owner	Election Cycle-to-Date 500.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Full Name (Last, First, Middle Initial) B. DANIEL R. TISHMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 666 Fifth Avenue		Transaction ID: SA11A1.10180980	
City New York State NY Zip Code 10103	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Tishman construction corp. Occupation Business owner	Election Cycle-to-Date 2000.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
Full Name (Last, First, Middle Initial) C. THOMAS G WOLFF		Date of Receipt M M / D D / Y Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 55 Old Hawleyville Rd		Transaction ID: SA11A1.10180673	
City Bethel State CT Zip Code 06801	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer SELF Occupation ATTORNEY AT LAW	Election Cycle-to-Date 250.00		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
SUBTOTAL of Receipts This Page (optional)		2750.00	
TOTAL This Period (last page this line number only)		2750.00	

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 93

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. CT Citizen Action Group Federal PAC Mailing Address 30 Arbor Street City State Zip Code Hartford CT 06106 FEC ID number of contributing federal political committee. C C00158998 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1110.85		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2006 Transaction ID: SA11C.10238813 Amount of Each Receipt this Period 1110.85 in-kind - In-Kind - Staff Wages <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) B. Students for a New American Politics (SNAP) Mailing Address P.O. Box 206886 City State Zip Code New Haven CT 06520 FEC ID number of contributing federal political committee. C C00412122 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 228.40		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2006 Transaction ID: SA11C.10180316 Amount of Each Receipt this Period 228.40 in-kind - In-Kind - Yale Student Canvass <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) C. WesPAC - Securing America's Future Mailing Address P.O. Box 3276 City State Zip Code Little Rock AK 72203 FEC ID number of contributing federal political committee. C C00398602 Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 539.30		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2006 Transaction ID: SA11C.10180404 Amount of Each Receipt this Period 539.30 in-kind - Gen. Wesley Clark travel exps <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) ▶		1878.55
TOTAL This Period (last page this line number only) ▶		1878.55

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SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
 or each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 93
 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
 Ned Lamont for Senate

Full Name (Last, First, Middle Initial)
A. EDWARD M LAMONT, Jr
 Mailing Address 4 Ashton Dr
 City State Zip Code
 Greenwich CT 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LAMONT DIGITAL SYSTEMS PRESIDENT
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 122800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2006
 Transaction ID: SA11D.10252484
 Amount of Each Receipt this Period
 122800.00
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	122800.00
TOTAL This Period (last page this line number only)	▶	122800.00

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 900.00
 Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2006
 Transaction ID: SA14.10238818
 Amount of Each Receipt this Period
 900.00
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2100.00
 Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2006
 Transaction ID: SA14.10252440
 Amount of Each Receipt this Period
 1200.00
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼
 2101.00
 Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2006
 Transaction ID: SA14.10252865
 Amount of Each Receipt this Period
 1.00
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2101.00
 TOTAL This Period (last page this line number only) ▶

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10/93

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Ned Lamont for Senate

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address 5 West Service Road

City State Zip Code
Hartford CT 06120

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2102.90

Date of Receipt

12 / 06 / 2006

Transaction ID: SA14.10252866

Amount of Each Receipt this Period

1.90

Refund

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address 5 West Service Road

City State Zip Code
Hartford CT 06120

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

12 / 07 / 2006

Transaction ID: SA14.10240799

Amount of Each Receipt this Period

1800.00

Refund

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 5 West Service Road

City State Zip Code
Hartford CT 06120

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3900.00

Date of Receipt

12 / 07 / 2006

Transaction ID: SA14.10240800

Amount of Each Receipt this Period

1200.00

Refund

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

3001.90

TOTAL This Period (last page this line number only) ▶

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**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 93

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) AT&T		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address 5 West Service Road		Transaction ID: SA14.10240801
City Hartford	State CT	Zip Code 06120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 6900.00	

Full Name (Last, First, Middle Initial) AT&T		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address 5 West Service Road		Transaction ID: SA14.10240802
City Hartford	State CT	Zip Code 06120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 8400.00	

Full Name (Last, First, Middle Initial) AT&T		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address 5 West Service Road		Transaction ID: SA14.10252442
City Hartford	State CT	Zip Code 06120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1800.00
Name of Employer	Occupation	Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11400.00	

SUBTOTAL of Receipts This Page (optional)	▶	6300.00
TOTAL This Period (last page this line number only)	▶	

27020270292

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 93

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. AT&T Mailing Address 5 West Service Road City Hartford State CT Zip Code 06120 FEC ID number of contributing federal political committee. C		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: SA14.10252443 Amount of Each Receipt this Period 1800.00
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 13200.00		Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) B. AT&T Mailing Address 5 West Service Road City Hartford State CT Zip Code 06120 FEC ID number of contributing federal political committee. C		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: SA14.10252860 Amount of Each Receipt this Period 2.33
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 13202.33		Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) C. AT&T Mailing Address 5 West Service Road City Hartford State CT Zip Code 06120 FEC ID number of contributing federal political committee. C		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y 1 2 / 0 7 / 2 0 0 6 Transaction ID: SA14.10252861 Amount of Each Receipt this Period 1.10
Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 13203.43		Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) ▶		1803.43
TOTAL This Period (last page this line number only) ▶		_____

27020270293

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial)
AT&T
Mailing Address 5 West Service Road
City Hartford State CT Zip Code 06120
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 13208.68
Date of Receipt 12 / 07 / 2006
Transaction ID: SA14.10252862
Amount of Each Receipt this Period 5.25
Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AT&T
Mailing Address 5 West Service Road
City Hartford State CT Zip Code 06120
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 13210.62
Date of Receipt 12 / 07 / 2006
Transaction ID: SA14.10252863
Amount of Each Receipt this Period 1.94
Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AT&T
Mailing Address 5 West Service Road
City Hartford State CT Zip Code 06120
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼ 13213.02
Date of Receipt 12 / 07 / 2006
Transaction ID: SA14.10252864
Amount of Each Receipt this Period 2.40
Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 9.59
TOTAL This Period (last page this line number only) ▶

27020270294

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 93

(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Ned Lamont for Senate

<p>Full Name (Last, First, Middle Initial) A. AT&T</p>		<p>Date of Receipt MM / DD / YYYY 12 / 07 / 2006</p>
<p>Mailing Address 5 West Service Road</p>		<p>Transaction ID: SA14.10252869</p>
<p>City State Zip Code Hartford CT 06120</p>	<p>Amount of Each Receipt this Period 3.90</p>	
<p>FEC ID number of contributing federal political committee. C</p>	<p>Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>Name of Employer Occupation</p>	<p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>Election Cycle-to-Date ▼ 13219.82</p>		
<p>Full Name (Last, First, Middle Initial) B. AT&T</p>		<p>Date of Receipt MM / DD / YYYY 12 / 08 / 2006</p>
<p>Mailing Address 5 West Service Road</p>		<p>Transaction ID: SA14.10252445</p>
<p>City State Zip Code Hartford CT 06120</p>	<p>Amount of Each Receipt this Period 1950.00</p>	
<p>FEC ID number of contributing federal political committee. C</p>	<p>Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>Name of Employer Occupation</p>	<p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>Election Cycle-to-Date ▼ 15150.00</p>		
<p>Full Name (Last, First, Middle Initial) C. AT&T</p>		<p>Date of Receipt MM / DD / YYYY 12 / 08 / 2006</p>
<p>Mailing Address 5 West Service Road</p>		<p>Transaction ID: SA14.10252859</p>
<p>City State Zip Code Hartford CT 06120</p>	<p>Amount of Each Receipt this Period 7.81</p>	
<p>FEC ID number of contributing federal political committee. C</p>	<p>Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>	
<p>Name of Employer Occupation</p>	<p>Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>Election Cycle-to-Date ▼ 15157.81</p>		
<p>SUBTOTAL of Receipts This Page (optional)</p>		<p>1961.71</p>
<p>TOTAL This Period (last page this line number only)</p>		

27020270295

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial)
A. AT&T
Mailing Address 5 West Service Road
City Hartford State CT Zip Code 06120
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
16050.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2006
Transaction ID: SA14.10252480
Amount of Each Receipt this Period
900.00
Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
B. AT&T
Mailing Address 5 West Service Road
City Hartford State CT Zip Code 06120
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
16051.95

Date of Receipt
MM / DD / YYYY
12 / 13 / 2006
Transaction ID: SA14.10252858
Amount of Each Receipt this Period
1.95
Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Full Name (Last, First, Middle Initial)
C. AT&T
Mailing Address 5 West Service Road
City Hartford State CT Zip Code 06120
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Receipt For: 2006
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
15750.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2006
Transaction ID: SA14.10252478
Amount of Each Receipt this Period
600.00
Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1501.95
TOTAL This Period (last page this line number only) ▶

27020270296

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 93

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address 5 West Service Road

City Hartford State CT Zip Code 06120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
18450.00

Date of Receipt
12 / 14 / 2006

Transaction ID: SA14.10252479

Amount of Each Receipt this Period
2700.00

Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address 5 West Service Road

City Hartford State CT Zip Code 06120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19351.03

Date of Receipt
12 / 14 / 2006

Transaction ID: SA14.10252856

Amount of Each Receipt this Period
1.03

Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
AT&T

Mailing Address 5 West Service Road

City Hartford State CT Zip Code 06120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
19369.39

Date of Receipt
12 / 14 / 2006

Transaction ID: SA14.10252857

Amount of Each Receipt this Period
18.36

Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2719.39

TOTAL This Period (last page this line number only) ▶

27020270297

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 20898.97
 Date of Receipt 12 / 14 / 2006
 Transaction ID: SA14.10252894
 Amount of Each Receipt this Period 1500.00
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 16050.00
 Date of Receipt 12 / 15 / 2006
 Transaction ID: SA14.10252461
 Amount of Each Receipt this Period 900.00
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 20251.58
 Date of Receipt 12 / 15 / 2006
 Transaction ID: SA14.10252855
 Amount of Each Receipt this Period 1.58
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 2401.58
TOTAL This Period (last page this line number only) ▶

27020270298

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. AT&T Mailing Address 5 West Service Road City State Zip Code Hartford CT 06120 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 18450.00		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2006 Transaction ID: SA14.10252464 Amount of Each Receipt this Period 2400.00 Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) B. AT&T Mailing Address 5 West Service Road City State Zip Code Hartford CT 06120 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 20550.00		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2006 Transaction ID: SA14.10252465 Amount of Each Receipt this Period 2100.00 Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Initial) C. AT&T Mailing Address 5 West Service Road City State Zip Code Hartford CT 06120 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 22350.00		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2006 Transaction ID: SA14.10252466 Amount of Each Receipt this Period 1800.00 Refund <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) ▶		6300.00
TOTAL This Period (last page this line number only) ▶		

27020270299

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 93
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 Date of Receipt 12 / 19 / 2006
 Transaction ID: SA14.10252853
 Amount of Each Receipt this Period 15.77
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 26565.77
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 Date of Receipt 12 / 19 / 2006
 Transaction ID: SA14.10252854
 Amount of Each Receipt this Period 3.38
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 26569.15
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. AT&T
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 West Service Road
 City Hartford State CT Zip Code 06120
 Date of Receipt 12 / 19 / 2006
 Transaction ID: SA14.10252895
 Amount of Each Receipt this Period 1500.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Receipt For: 2006
 Primary General
 Other (specify) ▼
 Election Cycle-to-Date ▼ 29619.70
 Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 1519.15
TOTAL This Period (last page this line number only) ▶

27020270300

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
 or each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 93

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
 Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial)
 Mountain Spring Water, Inc.
 Mailing Address 1286 East Main Street

City Meriden State CT Zip Code 06450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 102.72

Date of Receipt
 12 / 04 / 2006

Transaction ID: SA14.10180978

Amount of Each Receipt this Period
 102.72

Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
 South Norwalk Electric and Water
 Mailing Address 164 Water Street, P.O. Box 468

City Norwalk State CT Zip Code 06856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 SOUTH NORWALK ELECTRIC AND WATER

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 236.66

Date of Receipt
 12 / 01 / 2006

Transaction ID: SA14.10239192

Amount of Each Receipt this Period
 236.66

Refund
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	339.38
TOTAL This Period (last page this line number only)	▶	29959.08

27020270301

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 93

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.94411 Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2006
Mailing Address Attn Maria Cruz 5 West Service Roa		Amount of Each Disbursement this Period 653.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06120	Purpose of Disbursement telephone - Killingly Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: SB17.94412 Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2006
Mailing Address Attn Maria Cruz 5 West Service Roa		Amount of Each Disbursement this Period 1026.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06120	Purpose of Disbursement telephone - Branford Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB17.97266 Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2006
Mailing Address PO Box 8110		Amount of Each Disbursement this Period 4419.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Aurora State IL Zip Code 60507	Purpose of Disbursement telephone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional) ▶		6099.71
TOTAL This Period (last page this line number only) ▶		

27020270302

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.97267 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address PO Box 8110		Amount of Each Disbursement this Period 919.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Aurora State IL Zip Code 60507	Category/Type	
Purpose of Disbursement telephone	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: SB17.97268 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address PO Box 8110		Amount of Each Disbursement this Period 427.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Aurora State IL Zip Code 60507	Category/Type	
Purpose of Disbursement telephone	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB17.94405 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address Attn Maria Cruz 5 West Service Roa		Amount of Each Disbursement this Period 1123.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06120	Category/Type	
Purpose of Disbursement telephone - Plainville	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2470.80
TOTAL This Period (last page this line number only)	

27020270303

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. AT&T	Transaction ID: SB17.94406 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address Attn Maria Cruz 5 West Service Roa	Amount of Each Disbursement this Period 662.84
City Hartford State CT Zip Code 06120	
Purpose of Disbursement telephone - Old Saybrook Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) B. AT&T	Transaction ID: SB17.94407 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address Attn Maria Cruz 5 West Service Roa	Amount of Each Disbursement this Period 2461.56
City Hartford State CT Zip Code 06120	
Purpose of Disbursement telephone - West Hartford Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

Full Name (Last, First, Middle Initial) C. AT&T	Transaction ID: SB17.94408 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address Attn Maria Cruz 5 West Service Roa	Amount of Each Disbursement this Period 1183.56
City Hartford State CT Zip Code 06120	
Purpose of Disbursement telephone - Enfield Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	4307.96
TOTAL This Period (last page this line number only)	[]

27020270304

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.94409 Date of Disbursement 12 / 07 / 2006
Mailing Address Attn Maria Cruz 5 West Service Roa		Amount of Each Disbursement this Period 891.61
City Hartford	State CT Zip Code 06120	
Purpose of Disbursement telephone - Mansfield		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: SB17.94410 Date of Disbursement 12 / 07 / 2006
Mailing Address Attn Maria Cruz 5 West Service Roa		Amount of Each Disbursement this Period 765.26
City Hartford	State CT Zip Code 06120	
Purpose of Disbursement telephone - Bethel		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB17.94404 Date of Disbursement 12 / 08 / 2006
Mailing Address Attn Maria Cruz 5 West Service Roa		Amount of Each Disbursement this Period 481.84
City Hartford	State CT Zip Code 06120	
Purpose of Disbursement telephone - New Haven		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2138.71
TOTAL This Period (last page this line number only)	

27020270305

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.97297 Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2006
Mailing Address PO Box 8110		Amount of Each Disbursement this Period 4.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Aurora State IL Zip Code 60507	Purpose of Disbursement telephone	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: SB17.94403 Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2006
Mailing Address Attn Maria Cruz 5 West Service Roa		Amount of Each Disbursement this Period 287.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06120	Purpose of Disbursement telephone - Danbury	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB17.94401 Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2006
Mailing Address Attn Maria Cruz 5 West Service Roa		Amount of Each Disbursement this Period 351.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06120	Purpose of Disbursement telephone - Hamden	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	643.61
TOTAL This Period (last page this line number only) ▶	[]

27020270306

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. AT&T

Full Name (Last, First, Middle Initial)
Attn Maria Cruz 5 West Service Roa

Mailing Address

City Hartford State CT Zip Code 06120

Purpose of Disbursement
telephone - Hartford

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.94398
Date of Disbursement
12 / 19 / 2006

Amount of Each Disbursement this Period
862.39

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. AT&T

Full Name (Last, First, Middle Initial)
Attn Maria Cruz 5 West Service Roa

Mailing Address

City Hartford State CT Zip Code 06120

Purpose of Disbursement
telephone - East Hartford

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.94399
Date of Disbursement
12 / 19 / 2006

Amount of Each Disbursement this Period
1113.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Accuratus Data Services, LLC

Full Name (Last, First, Middle Initial)
45 Lockwood Avenue

Mailing Address

City Old Greenwich State CT Zip Code 06870

Purpose of Disbursement
Events-Facilities & Support

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006
 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.97238
Date of Disbursement
11 / 30 / 2006

Amount of Each Disbursement this Period
371.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2347.23

TOTAL This Period (last page this line number only) ▶

27020270308

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Adam Enterprises		Transaction ID: SB17.97255 Date of Disbursement 12 / 04 / 2006
Mailing Address 250 Pomeroy Avenue		Amount of Each Disbursement this Period 5225.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Meriden State CT Zip Code 06450	Purpose of Disbursement Office-Rent or Lease Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Amex Business Card		Transaction ID: SB17.99706 Date of Disbursement 12 / 05 / 2006
Mailing Address PO Box 297817		Amount of Each Disbursement this Period 19934.88 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fort Lauderdale State FL Zip Code 33329	Purpose of Disbursement credit card statement (see memo) Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Carey International Airport		Transaction ID: SB17.99708 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 206.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code	Purpose of Disbursement credit card - travel expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	25159.88
TOTAL This Period (last page this line number only)	

27020270309

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. American Airlines		Transaction ID: SB17.99724 Date of Disbursement 12 / 05 / 2006
Mailing Address P.O. Box 619616		Amount of Each Disbursement this Period 769.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City DFW Airport State TX Zip Code 75261		
Purpose of Disbursement credit card - Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.99728 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 383.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Folsom State CA Zip Code		
Purpose of Disbursement credit card - Telecom service	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FedEx Kinkos		Transaction ID: SB17.99736 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 232.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State VA Zip Code		
Purpose of Disbursement credit card - Direct Mktg Internet	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

27020270311

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Google Inc.		Transaction ID: SB17.99737
Mailing Address		Date of Disbursement
City State Zip Code		12 / 05 / 2006
Purpose of Disbursement credit card - Adwords Advertising		Amount of Each Disbursement this Period
Candidate Name		258.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Kinkos		Transaction ID: SB17.99738
Mailing Address 544 Farminton Ave.		Date of Disbursement
City State Zip Code Hartford CT 06105		12 / 05 / 2006
Purpose of Disbursement credit card - Supplies/printed goods		Amount of Each Disbursement this Period
Candidate Name		241.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Kinkos		Transaction ID: SB17.99739
Mailing Address 544 Farminton Ave.		Date of Disbursement
City State Zip Code Hartford CT 06105		12 / 05 / 2006
Purpose of Disbursement credit card - Supplies/printer goods		Amount of Each Disbursement this Period
Candidate Name		12.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

27020270312

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Google, Inc		Transaction ID: SB17.99740
Mailing Address		Date of Disbursement 12 / 05 / 2006
City	State	Zip Code
Purpose of Disbursement credit card - Adwords Advertising	<input type="checkbox"/>	Amount of Each Disbursement this Period 461.12
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. Kinkos		Transaction ID: SB17.99741
Mailing Address 544 Farminton Ave.		Date of Disbursement 12 / 05 / 2006
City	State	Zip Code
Hartford	CT	06105
Purpose of Disbursement credit card - Supplies/printed goods	<input type="checkbox"/>	Amount of Each Disbursement this Period 213.07
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. Kinkos		Transaction ID: SB17.99742
Mailing Address 544 Farminton Ave.		Date of Disbursement 12 / 05 / 2006
City	State	Zip Code
Hartford	CT	06105
Purpose of Disbursement credit card - Supplies/Printed Goods	<input type="checkbox"/>	Amount of Each Disbursement this Period 4.75
Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

SUBTOTAL of Disbursements This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	

27020270313

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Extended Stay		Transaction ID: SB17.99747 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 56.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Meriden	State CT	
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Extended Stay		Transaction ID: SB17.99748 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 56.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Meriden	State CT	
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Extended Stay		Transaction ID: SB17.99749 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 56.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Meriden	State CT	
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

27020270314

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Extended Stay

Full Name (Last, First, Middle Initial)
Mailing Address

City: Meriden State: CT Zip Code

Purpose of Disbursement: credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99750
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 56.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Extended Stay

Full Name (Last, First, Middle Initial)
Mailing Address

City: Meriden State: CT Zip Code

Purpose of Disbursement: credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99751
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 56.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Extended Stay

Full Name (Last, First, Middle Initial)
Mailing Address

City: Meriden State: CT Zip Code

Purpose of Disbursement: credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99752
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 56.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

27020270315

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Extended Stay		Transaction ID: SB17.99753 Date of Disbursement																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	5		2	0	0	6													
City Meriden	State CT	Amount of Each Disbursement this Period <table border="1"><tr><td>56.00</td></tr></table>	56.00																			
56.00																						
Purpose of Disbursement credit card - Lodging	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name		[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Full Name (Last, First, Middle Initial) B. Extended Stay		Transaction ID: SB17.99754 Date of Disbursement																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	5		2	0	0	6													
City Meriden	State CT	Amount of Each Disbursement this Period <table border="1"><tr><td>56.00</td></tr></table>	56.00																			
56.00																						
Purpose of Disbursement credit card - Lodging	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name		[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Full Name (Last, First, Middle Initial) C. Extended Stay		Transaction ID: SB17.99755 Date of Disbursement																				
Mailing Address		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	5		2	0	0	6													
City Meriden	State CT	Amount of Each Disbursement this Period <table border="1"><tr><td>56.00</td></tr></table>	56.00																			
56.00																						
Purpose of Disbursement credit card - Lodging	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Candidate Name		[MEMO ITEM]																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

27020270316

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Extended Stay

Full Name (Last, First, Middle Initial)
Mailing Address

City Meriden State CT Zip Code

Purpose of Disbursement credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99756
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 56.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Extended Stay

Full Name (Last, First, Middle Initial)
Mailing Address

City Meriden State CT Zip Code

Purpose of Disbursement credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99757
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 56.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Extended Stay

Full Name (Last, First, Middle Initial)
Mailing Address

City Meriden State CT Zip Code

Purpose of Disbursement credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99758
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 56.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

27020270317

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 93

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial)

A. Extended Stay

Mailing Address

City Meriden State CT Zip Code

Purpose of Disbursement
credit card - Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.99759

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

56.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Extended Stay

Mailing Address

City Meriden State CT Zip Code

Purpose of Disbursement
credit card - Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.99760

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

56.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Extended Stay

Mailing Address

City Meriden State CT Zip Code

Purpose of Disbursement
credit card - Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.99761

Date of Disbursement

12 / 05 / 2006

Amount of Each Disbursement this Period

56.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

27020270318

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Extended Stay		Transaction ID: SB17.99762 Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Extended Stay		Transaction ID: SB17.99763 Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Extended Stay		Transaction ID: SB17.99764 Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	

27020270319

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Extended Stay		Transaction ID: SB17.99765 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Extended Stay		Transaction ID: SB17.99766 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Extended Stay		Transaction ID: SB17.99767 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

27020270320

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Extended Stay		Transaction ID: SB17.99768 Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Extended Stay		Transaction ID: SB17.99769 Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Extended Stay		Transaction ID: SB17.99770 Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	0.00
TOTAL This Period (last page this line number only)	▶	

27020270321

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Extended Stay		Transaction ID: SB17.99771 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 56.00
City Meriden	State CT	Zip Code
Purpose of Disbursement credit card - Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Yankee Pedlar Inn		Transaction ID: SB17.99777 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 1708.00
City	State CT	Zip Code
Purpose of Disbursement credit card - lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Four Points by Sheraton Hotel		Transaction ID: SB17.99782 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 99.68
City	State CT	Zip Code
Purpose of Disbursement credit card - Lodging		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

27020270322

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Four Points by Sheraton Hotel

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
credit card - Lodging
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006
 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.99783
Date of Disbursement
12 / 05 / 2006
Amount of Each Disbursement this Period
49.84
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Four Points by Sheraton Hotel

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
credit card - Lodging
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006
 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.99784
Date of Disbursement
12 / 05 / 2006
Amount of Each Disbursement this Period
49.84
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Four Points by Sheraton Hotel

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement
credit card - Lodging
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006
 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.99785
Date of Disbursement
12 / 05 / 2006
Amount of Each Disbursement this Period
299.04
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00
TOTAL This Period (last page this line number only) ▶

27020270323

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Hertz Car Rental		Transaction ID: SB17.99786 Date of Disbursement 12 / 05 / 2006
Mailing Address PO Box 25722		Amount of Each Disbursement this Period 706.06 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Oklahoma City State OK Zip Code 73125	Purpose of Disbursement credit card - Car rental Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Four Points by Sheraton Hotel		Transaction ID: SB17.99787 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 974.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State CT Zip Code	Purpose of Disbursement credit card - Lodging Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Omni Hotels		Transaction ID: SB17.99788 Date of Disbursement 12 / 05 / 2006
Mailing Address 155 Temple St		Amount of Each Disbursement this Period 267.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City New Haven State CT Zip Code 06510	Purpose of Disbursement credit card - Lodging Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

27020270324

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Omni Hotels

Full Name (Last, First, Middle Initial)
Mailing Address 155 Temple St

City New Haven State CT Zip Code 06510

Purpose of Disbursement credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99789
Date of Disbursement 12 / 05 / 2006

Amount of Each Disbursement this Period 234.08

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Omni Hotels

Full Name (Last, First, Middle Initial)
Mailing Address 155 Temple St

City New Haven State CT Zip Code 06510

Purpose of Disbursement credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99790
Date of Disbursement 12 / 05 / 2006

Amount of Each Disbursement this Period 24.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Omni Hotels

Full Name (Last, First, Middle Initial)
Mailing Address 155 Temple St

City New Haven State CT Zip Code 06510

Purpose of Disbursement credit card - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99791
Date of Disbursement 12 / 05 / 2006

Amount of Each Disbursement this Period 0.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

27020270325

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 / 93

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Hertz car rental

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 25722

City Oklahoma City State OK Zip Code 73125

Purpose of Disbursement
credit card - Car rental

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.99792
Date of Disbursement
12 / 05 / 2006

Amount of Each Disbursement this Period
806.16

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Four Points by Sheraton Hotel

Full Name (Last, First, Middle Initial)
Mailing Address

City State CT Zip Code

Purpose of Disbursement
credit card - Lodging

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.99793
Date of Disbursement
12 / 05 / 2006

Amount of Each Disbursement this Period
805.28

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Four Points by Sheraton Hotel

Full Name (Last, First, Middle Initial)
Mailing Address

City State CT Zip Code

Purpose of Disbursement
credit card - Lodging

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.99794
Date of Disbursement
12 / 05 / 2006

Amount of Each Disbursement this Period
796.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

27020270326

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Four Points by Sheraton Hotel		Transaction ID: SB17.99795 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address		Amount of Each Disbursement this Period 498.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State Zip Code CT		
Purpose of Disbursement credit card - Lodging	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Hertz Car Rental		Transaction ID: SB17.99797 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address PO Box 25722		Amount of Each Disbursement this Period 569.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State Zip Code Oklahoma City OK 73125		
Purpose of Disbursement credit card - car rental	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Hertz Car Rental		Transaction ID: SB17.99798 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address PO Box 25722		Amount of Each Disbursement this Period 1019.83 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State Zip Code Oklahoma City OK 73125		
Purpose of Disbursement credit card - Car rental	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

27020270327

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial)
A. Four Points by Sheraton Hotel

Mailing Address

City State Zip Code
CT

Purpose of Disbursement
credit card - Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.99799
Date of Disbursement
M M / D D / Y Y Y Y
12 / 05 / 2006

Amount of Each Disbursement this Period
1006.33

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. Four Points by Sheraton

Mailing Address

City State Zip Code
CT

Purpose of Disbursement
credit card - Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.99800
Date of Disbursement
M M / D D / Y Y Y Y
12 / 05 / 2006

Amount of Each Disbursement this Period
884.80

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. Hertz Car Rental

Mailing Address PO Box 25722

City State Zip Code
Oklahoma City OK 73125

Purpose of Disbursement
credit card - car rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB17.99801
Date of Disbursement
M M / D D / Y Y Y Y
12 / 05 / 2006

Amount of Each Disbursement this Period
842.84

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

27020270328

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Four Points by Sheraton

Full Name (Last, First, Middle Initial)
Mailing Address
City State CT Zip Code
Purpose of Disbursement: credit card - Lodging
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.99802
Date of Disbursement: 12 / 05 / 2006
Amount of Each Disbursement this Period: 1185.75
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Four Points by Sheraton

Full Name (Last, First, Middle Initial)
Mailing Address
City State CT Zip Code
Purpose of Disbursement: credit card - Lodging
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.99803
Date of Disbursement: 12 / 05 / 2006
Amount of Each Disbursement this Period: 399.57
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. Four Points by Sheraton

Full Name (Last, First, Middle Initial)
Mailing Address
City State CT Zip Code
Purpose of Disbursement: credit card - Lodging
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.99804
Date of Disbursement: 12 / 05 / 2006
Amount of Each Disbursement this Period: 37.93
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00
TOTAL This Period (last page this line number only) ▶

27020270329

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Cingular		Transaction ID: SB17.99806 Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2006	
Mailing Address P.O. Box 17252		Amount of Each Disbursement this Period 632.15	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement credit card - Telephone service/equipmen	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Holiday Inn		Transaction ID: SB17.99816 Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2006	
Mailing Address		Amount of Each Disbursement this Period 122.08	
City New London State CT Zip Code	Purpose of Disbursement credit card - Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Holiday Inn		Transaction ID: SB17.99817 Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2006	
Mailing Address		Amount of Each Disbursement this Period 122.08	
City New London State CT Zip Code	Purpose of Disbursement credit card - Lodging	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional) ▶		0.00	
TOTAL This Period (last page this line number only) ▶			

27020270330

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Holiday Inn		Transaction ID: SB17.99818 Date of Disbursement
Mailing Address		<input type="text" value="12"/> <input type="text" value="05"/> / <input type="text" value="2006"/>
City New London	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	<input type="text" value="122.08"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Holiday Inn		Transaction ID: SB17.99819 Date of Disbursement
Mailing Address		<input type="text" value="12"/> <input type="text" value="05"/> / <input type="text" value="2006"/>
City New London	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	<input type="text" value="122.08"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Holiday Inn		Transaction ID: SB17.99820 Date of Disbursement
Mailing Address		<input type="text" value="12"/> <input type="text" value="05"/> / <input type="text" value="2006"/>
City New London	State CT	Zip Code
Purpose of Disbursement credit card - Lodging	<input type="text" value="122.08"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/> [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

27020270331

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Holiday Inn		Transaction ID: SB17.99821 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 157.00
City New London	State CT	
Purpose of Disbursement credit card - Lodging	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Holiday Inn		Transaction ID: SB17.99822 Date of Disbursement 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 30.99
City New London	State CT	
Purpose of Disbursement credit card - Lodging	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Marriot Mystic		Transaction ID: SB17.99823 Date of Disbursement 12 / 05 / 2006
Mailing Address 625 North Road (Route 117)		Amount of Each Disbursement this Period 1870.55
City Groton	State CT	
Purpose of Disbursement credit card - Lodging	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

27020270332

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Four Points by Sheraton

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
CT
Purpose of Disbursement
credit card - Food and beverage
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.99828
Date of Disbursement
M M / D D / Y Y Y Y
12 / 05 / 2006
Amount of Each Disbursement this Period
129.83
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

B. Four Points by Sheraton

Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
CT
Purpose of Disbursement
credit card - Food and Beverage
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.99843
Date of Disbursement
M M / D D / Y Y Y Y
12 / 05 / 2006
Amount of Each Disbursement this Period
213.69
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

C. Cingular

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 17252
City Baltimore State MD Zip Code 21297
Purpose of Disbursement
credit card - Telephone Service/Equipmen
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼
State: District:

Transaction ID: SB17.99844
Date of Disbursement
M M / D D / Y Y Y Y
12 / 05 / 2006
Amount of Each Disbursement this Period
31.79
 Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

27020270333

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. H B Group		Transaction ID: SB17.99845 Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 540.60
City North Haven	State CT	
Purpose of Disbursement credit card - Audio Equipment	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) B. Hertz Car Rental		Transaction ID: SB17.99849 Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2006
Mailing Address PO Box 25722		Amount of Each Disbursement this Period 178.99
City Oklahoma City	State OK	
Purpose of Disbursement credit card - Car rental	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
Full Name (Last, First, Middle Initial) C. Dunkin Donuts		Transaction ID: SB17.99851 Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2006
Mailing Address		Amount of Each Disbursement this Period 184.06
City Meriden	State CT	
Purpose of Disbursement credit card - Food and beverage	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
SUBTOTAL of Disbursements This Page (optional) ▶		0.00
TOTAL This Period (last page this line number only) ▶		

27020270334

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. CompUSA

Full Name (Last, First, Middle Initial)
Mailing Address

City: Manchester State: CT Zip Code

Purpose of Disbursement: credit card - Computer Hardware, Software
Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99853
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 254.37

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Kinko's

Full Name (Last, First, Middle Initial)
Mailing Address: 544 Farminton Ave.

City: Hartford State: CT Zip Code: 06105

Purpose of Disbursement: credit card - Supplies/printed goods
Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99855
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 979.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

C. U Save Auto Rental

Full Name (Last, First, Middle Initial)
Mailing Address: 200 Prospect Ave.

City: Hartford State: CT Zip Code: 06106

Purpose of Disbursement: credit card - Car Rental
Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99857
Date of Disbursement: 12 / 05 / 2006

Amount of Each Disbursement this Period: 541.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

27020270335

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Seth Bannon		Transaction ID: SB17.99976 Date of Disbursement 12 / 07 / 2006	
Mailing Address 54 Wauwinet Court		Amount of Each Disbursement this Period 1030.97	
City Guilford	State CT	Zip Code 06437	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement reimb-oftc supplies, printing		Category/ Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB17.99977 Date of Disbursement 12 / 07 / 2006	
Mailing Address 292 US Rte 1		Amount of Each Disbursement this Period 549.02	
City New London	State CT	Zip Code 06320	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Office Supplies		Category/ Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. Brian Green		Transaction ID: SB17.97258 Date of Disbursement 12 / 05 / 2006	
Mailing Address 16 John W. Luty Drive		Amount of Each Disbursement this Period 600.00	
City Oakdale	State CT	Zip Code 06370	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement musical entertainment at event		Category/ Type	
Candidate Name		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	1630.97
TOTAL This Period (last page this line number only) ▶	

27020270336

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial)
CT Citizen Action Group Federal PAC

Mailing Address 30 Arbor St.

City Hartford State CT Zip Code 06106

Purpose of Disbursement
In-Kind - Staff Wages

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.100467
Date of Disbursement

12 / 06 / 2006

Amount of Each Disbursement this Period

1110.85

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
Cablevision

Mailing Address PO Box 15660

City Worcester State MA Zip Code 01615

Purpose of Disbursement
telecommunications services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.97278
Date of Disbursement

12 / 08 / 2006

Amount of Each Disbursement this Period

291.96

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
Cablevision

Mailing Address PO Box 15660

City Worcester State MA Zip Code 01615

Purpose of Disbursement
telecommunications services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.97300
Date of Disbursement

12 / 15 / 2006

Amount of Each Disbursement this Period

4.99

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1407.80

TOTAL This Period (last page this line number only) ▶

27020270337

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Mary Grace Calafiore		Transaction ID: SB17.99966	
Mailing Address 8A Atwood St.		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2006	
City Hartford	State CT	Zip Code 06105	Amount of Each Disbursement this Period 605.72
Purpose of Disbursement reimb-phone, lodging	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. T-Mobile		Transaction ID: SB17.99967	
Mailing Address PO Box 37380		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2006	
City Albuquerque	State NM	Zip Code 87176	Amount of Each Disbursement this Period 278.25
Purpose of Disbursement Telephone Services	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Howard Johnson		Transaction ID: SB17.99968	
Mailing Address 1114 East Putnam Ave.		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2006	
City Riverside	State CT	Zip Code 06878	Amount of Each Disbursement this Period 224.00
Purpose of Disbursement Lodging	Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Category/ Type		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	605.72
TOTAL This Period (last page this line number only)	▶	

27020270338

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Mary Grace Calafiore		Transaction ID: SB17.99974 Date of Disbursement 12 / 28 / 2006
Mailing Address 8A Atwood St.		Amount of Each Disbursement this Period 347.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06105	Purpose of Disbursement reimb-insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) B. Judith Blei Government Relations		Transaction ID: SB17.99975 Date of Disbursement 12 / 28 / 2006
Mailing Address 104 Hungerford St.		Amount of Each Disbursement this Period 347.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Hartford State CT Zip Code 06106	Purpose of Disbursement Insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) C. MaryGrace Calafiore		Transaction ID: SB17.101208 Date of Disbursement 12 / 04 / 2006
Mailing Address 8A Atwood St.		Amount of Each Disbursement this Period 596.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06105	Purpose of Disbursement reimb-phone, lodging Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional)	944.57
TOTAL This Period (last page this line number only)	

27020270339

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Callari Auto Group		Transaction ID: SB17.97272 Date of Disbursement 12 / 07 / 2006
Mailing Address 140 Ledge Road		Amount of Each Disbursement this Period 411.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Darien State CT Zip Code 06820	Category/Type	
Purpose of Disbursement reimbursement - utilities	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Chloe Hartwell		Transaction ID: SB17.97288 Date of Disbursement 12 / 08 / 2006
Mailing Address PO Box 266		Amount of Each Disbursement this Period 420.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Greens Farms State CT Zip Code 06838	Category/Type	
Purpose of Disbursement Payroll	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Cingular		Transaction ID: SB17.97263 Date of Disbursement 12 / 06 / 2006
Mailing Address P.O. Box 17252		Amount of Each Disbursement this Period 325.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297	Category/Type	
Purpose of Disbursement telecommunications services	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1156.98
TOTAL This Period (last page this line number only)	

27020270340

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Steve Colwell		Transaction ID: SB17.99947 Date of Disbursement 12 / 01 / 2006
Mailing Address PO Box 445		Amount of Each Disbursement this Period 12323.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Tyringham State MA Zip Code 01264	Purpose of Disbursement reimb-phone,event supp's/food,trav Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular Wireless		Transaction ID: SB17.99948 Date of Disbursement 12 / 01 / 2006
Mailing Address 3298 Berlin Turnpike		Amount of Each Disbursement this Period 317.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Newington State CT Zip Code 06111	Purpose of Disbursement Telephone Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Dunkin Donuts		Transaction ID: SB17.99949 Date of Disbursement 12 / 01 / 2006
Mailing Address 2536 Albany Ave		Amount of Each Disbursement this Period 342.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City West Hartford State CT Zip Code	Purpose of Disbursement Food/Beverage Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	12323.20
TOTAL This Period (last page this line number only)	

27020270341

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial)
D&K sound Services Inc.

Mailing Address 912 Silas Deane Highway

City Wethersfield State CT Zip Code 06109

Purpose of Disbursement Sound System Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99950
Date of Disbursement 12 / 01 / 2006

Amount of Each Disbursement this Period 1343.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KFC

Mailing Address 955014 Albany Ave.

City West Hartford State CT Zip Code

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99951
Date of Disbursement 12 / 01 / 2006

Amount of Each Disbursement this Period 805.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BJ's Wholesale Club

Mailing Address 507 New Park Ave.

City West Hartford State CT Zip Code

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99952
Date of Disbursement 12 / 01 / 2006

Amount of Each Disbursement this Period 335.41

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

27020270342

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Kinko's		Transaction ID: SB17.99953 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 544 Farminton Ave.		Amount of Each Disbursement this Period 1017.60
City Hartford State CT Zip Code 06105	Purpose of Disbursement Printing Services	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Myles Catering		Transaction ID: SB17.99954 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 45 Bartholomew Ave.		Amount of Each Disbursement this Period 2000.00
City Hartford State CT Zip Code 06106	Purpose of Disbursement Catering	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Connecticut Business Services		Transaction ID: SB17.99955 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 32 Elm St		Amount of Each Disbursement this Period 1988.00
City Hartford State CT Zip Code 06106	Purpose of Disbursement Gifts for Donors	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

27020270343

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Energy Federation Inc		Transaction ID: SB17.99956 Date of Disbursement 12 / 01 / 2006
Mailing Address Washington St.		Amount of Each Disbursement this Period 1196.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Westborough State MA Zip Code 01581	<input type="checkbox"/> Category/Type	
Purpose of Disbursement Phone Banks Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Conservation Services Group		Transaction ID: SB17.99957 Date of Disbursement 12 / 01 / 2006
Mailing Address PO Box 843092		Amount of Each Disbursement this Period 450.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Boston State MA Zip Code 02284	<input type="checkbox"/> Category/Type	
Purpose of Disbursement Phone Banks Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. Spanish Radio		Transaction ID: SB17.99958 Date of Disbursement 12 / 01 / 2006
Mailing Address Information Requested		Amount of Each Disbursement this Period 397.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City State Zip Code	<input type="checkbox"/> Category/Type	
Purpose of Disbursement Advertising Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

27020270344

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Budget Rent a Car

Full Name (Last, First, Middle Initial)
Mailing Address: Bradley Airport

City: _____ State: CT Zip Code: _____

Purpose of Disbursement: Travel Expenses
Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: _____ District: _____

Transaction ID: SB17.99959
Date of Disbursement: 12 / 01 / 2006

Amount of Each Disbursement this Period: 1561.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
[MEMO ITEM]

B. Connecticut Audio & Theatrical Supply

Full Name (Last, First, Middle Initial)
Mailing Address: 1311 Farmington Avenue

City: Farmington State: CT Zip Code: 06032

Purpose of Disbursement: Events-Facilities & Support
Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: _____ District: _____

Transaction ID: SB17.97277
Date of Disbursement: 12 / 08 / 2006

Amount of Each Disbursement this Period: 1771.28

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Craig Stallings

Full Name (Last, First, Middle Initial)
Mailing Address: 42 Clark Street

City: Hartford State: CT Zip Code: 06120

Purpose of Disbursement: Reimbursement-Mileage
Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: _____ District: _____

Transaction ID: SB17.97232
Date of Disbursement: 11 / 28 / 2006

Amount of Each Disbursement this Period: 462.69

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2233.97

TOTAL This Period (last page this line number only) ▶

27020270345

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. David Bonan
Full Name (Last, First, Middle Initial)
Mailing Address 141-1/2 Chestnut Ridge Rd.
City Bethel State CT Zip Code 06801
Purpose of Disbursement Door-to-door Voter Contact
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.97308
Date of Disbursement 12 / 28 / 2006
Amount of Each Disbursement this Period 1106.25
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. DocuSource
Full Name (Last, First, Middle Initial)
Mailing Address 299 Industrial Park Road
City Middletown State CT Zip Code
Purpose of Disbursement Office Equipment
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.97292
Date of Disbursement 12 / 09 / 2006
Amount of Each Disbursement this Period 1547.91
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Doyle, D'Amore & Balducci
Full Name (Last, First, Middle Initial)
Mailing Address 100 Lindbergh Drive
City Hartford State CT Zip Code 06114
Purpose of Disbursement Consulting - General Campaign Strategy
Candidate Name
Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼
State: District:

Transaction ID: SB17.97299
Date of Disbursement 12 / 15 / 2006
Amount of Each Disbursement this Period 16000.00
 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 18654.16
TOTAL This Period (last page this line number only) ▶

27020270346

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Edward Vale		Transaction ID: SB17.97280 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 3 Bantry Court		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntington	State NY	
Zip Code 11743	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Global Payments		Transaction ID: SB17.92966 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 10705 Red Rum Boulevard		Amount of Each Disbursement this Period 120.19 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills	State MD	
Zip Code 21117	Purpose of Disbursement credit card merchant fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Global Payments		Transaction ID: SB17.92967 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 10705 Red Rum Boulevard		Amount of Each Disbursement this Period 25.67 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Owings Mills	State MD	
Zip Code 21117	Purpose of Disbursement credit card merchant fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	645.86
TOTAL This Period (last page this line number only)	

27020270347

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Global Payments		Transaction ID: SB17.97250 Date of Disbursement
Mailing Address 10705 Red Rum Boulevard		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement credit card merchant fees	<input type="text" value="120.19"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Global Payments		Transaction ID: SB17.97251 Date of Disbursement
Mailing Address 10705 Red Rum Boulevard		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement credit card merchant fees	<input type="text" value="25.67"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Global Payments		Transaction ID: SB17.94080 Date of Disbursement
Mailing Address 10705 Red Rum Boulevard		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Owings Mills	State MD	Zip Code 21117
Purpose of Disbursement credit card merchant fees	<input type="text" value="60.00"/>	
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="205.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

27020270348

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Tina Harrington

Full Name (Last, First, Middle Initial)
Tina Harrington

Mailing Address 140 Strawberry Hill Rd

City Bristol State CT Zip Code 06010

Purpose of Disbursement reimb-telephone svcs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99964
Date of Disbursement 12 / 03 / 2006

Amount of Each Disbursement this Period 1059.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Sprint

Full Name (Last, First, Middle Initial)
Sprint

Mailing Address PO box 1769

City Newark State NJ Zip Code 07101

Purpose of Disbursement Telephone Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99965
Date of Disbursement 12 / 03 / 2006

Amount of Each Disbursement this Period 1059.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

C. Tina Harrington

Full Name (Last, First, Middle Initial)
Tina Harrington

Mailing Address 140 Strawberry Hill Rd

City Bristol State CT Zip Code 06010

Purpose of Disbursement reimb-locks, food

Candidate Name

Office Sought: House Senate President

Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB17.99980
Date of Disbursement 12 / 03 / 2006

Amount of Each Disbursement this Period 1004.72

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 2064.16

TOTAL This Period (last page this line number only) ▶

27020270349

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Phil's Lockshop Inc.		Transaction ID: SB17.99981 Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2006
Mailing Address 360 East Main St		Amount of Each Disbursement this Period 312.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Meriden State CT Zip Code 06450		
Purpose of Disbursement Locksmith Services	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Sal's Appiza Center		Transaction ID: SB17.99982 Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2006
Mailing Address 1448 East Main St.		Amount of Each Disbursement this Period 272.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Meriden State CT Zip Code 06450		
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Kimberly Hynes		Transaction ID: SB17.99972 Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2006
Mailing Address 247 Old Long Ridge Rd		Amount of Each Disbursement this Period 511.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Stamford State CT Zip Code 06903		
Purpose of Disbursement reimb-event supplies	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	511.73
TOTAL This Period (last page this line number only)	

27020270350

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 / 93	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Wagon Wheel		Transaction ID: SB17.99973 Date of Disbursement 12 / 09 / 2006	
Mailing Address 1051 Long Ridge rd.		Amount of Each Disbursement this Period 383.05	
City Stamford	State CT	Zip Code 06903	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement Party Supplies		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Intuit		Transaction ID: SB17.97281 Date of Disbursement 12 / 08 / 2006	
Mailing Address 2632 Marine Way, MS2700		Amount of Each Disbursement this Period 916.19	
City Mountain View	State CA	Zip Code 94039	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll taxes		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Intuit		Transaction ID: SB17.97282 Date of Disbursement 12 / 08 / 2006	
Mailing Address 2632 Marine Way, MS2700		Amount of Each Disbursement this Period 30.50	
City Mountain View	State CA	Zip Code 94039	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll fees		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	946.69
TOTAL This Period (last page this line number only)	

27020270351

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 / 93	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. James Gee		Transaction ID: SB17.97306	
Mailing Address 342 Gardner Ave.		Date of Disbursement 12 / 23 / 2006	
City Trenton	State NJ	Zip Code 08618	Amount of Each Disbursement this Period 6000.00
Purpose of Disbursement Consulting - Hartford Field Operations		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Jewish Leader		Transaction ID: SB17.97254	
Mailing Address 28 Channing Street		Date of Disbursement 12 / 04 / 2006	
City New London	State CT	Zip Code 06320	Amount of Each Disbursement this Period 640.00
Purpose of Disbursement Media-Advertising		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. John Hartwell		Transaction ID: SB17.97289	
Mailing Address PO Box 266		Date of Disbursement 12 / 08 / 2006	
City Greens Farms	State CT	Zip Code 06838	Amount of Each Disbursement this Period 3230.00
Purpose of Disbursement Payroll		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	9870.00
TOTAL This Period (last page this line number only)	

27020270352

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Joseph D. Leach		Transaction ID: SB17.97242 Date of Disbursement 12 / 01 / 2006
Mailing Address 164 Allen Place		Amount of Each Disbursement this Period 210.00
City Hartford	State CT Zip Code 06106	
Purpose of Disbursement Door-to-door Voter Contact		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Joseph Lalli		Transaction ID: SB17.97301 Date of Disbursement 12 / 15 / 2006
Mailing Address 15 Powderhorn Drive		Amount of Each Disbursement this Period 500.00
City Simsbury	State CT Zip Code 06070	
Purpose of Disbursement Payroll		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Ken McKinnon		Transaction ID: SB17.97227 Date of Disbursement 11 / 28 / 2006
Mailing Address 301 Jude Lane		Amount of Each Disbursement this Period 600.00
City Southington	State CT Zip Code 06489	
Purpose of Disbursement Payroll		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	1310.00
TOTAL This Period (last page this line number only)	▶	

27020270353

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Kevin Bock		Transaction ID: SB17.97245 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 6
Mailing Address 301 Sandholm Street		Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Geneva State IL Zip Code 60134	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Language Link Consortium, LLC		Transaction ID: SB17.97294 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address PO Box 270686		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Hartford State CT Zip Code 06127	Purpose of Disbursement Translation Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Lauren M. Goode		Transaction ID: SB17.97285 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 15 Barn Hill Road		Amount of Each Disbursement this Period 712.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Monroe State CT Zip Code 06468	Purpose of Disbursement Temporary Office Staff Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2512.50
TOTAL This Period (last page this line number only) ▶	[]

27020270354

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial)
A. Lauren M. Goode

Mailing Address 15 Barn Hill Road

City Monroe State CT Zip Code 06468

Purpose of Disbursement
Temporary Office Staff

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.97286
Date of Disbursement
12 / 08 / 2006

Amount of Each Disbursement this Period
727.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
B. Ledger Publications

Mailing Address 740 North Main St.

City W. Hartford State CT Zip Code 06117

Purpose of Disbursement
Media-Advertising & Adbooks

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.97253
Date of Disbursement
12 / 04 / 2006

Amount of Each Disbursement this Period
828.75

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)
C. Lex Limited

Mailing Address 160 Hempstead Street

City New London State CT Zip Code 06320

Purpose of Disbursement
Office Expense-Maintenance

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.97271
Date of Disbursement
12 / 07 / 2006

Amount of Each Disbursement this Period
210.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 1766.93

TOTAL This Period (last page this line number only) ▶

27020270355

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. LexisNexis		Transaction ID: SB17.97276 Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2006
Mailing Address PO Box 7247-7090		Amount of Each Disbursement this Period 303.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170	Purpose of Disbursement Dues and Subscriptions Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Lori Alexis McGill		Transaction ID: SB17.97307 Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2006
Mailing Address 227 West 122th St.		Amount of Each Disbursement this Period 10000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10027	Purpose of Disbursement Consulting - Voter Canvassing Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. Kathryn Martin		Transaction ID: SB17.99936 Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2006
Mailing Address 107 Camilleri Drive		Amount of Each Disbursement this Period 640.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Coventry State CT Zip Code 06238	Purpose of Disbursement reimb-food for event Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional) ▶		10943.59
TOTAL This Period (last page this line number only) ▶		

27020270356

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Subway		Transaction ID: SB17.99937 Date of Disbursement 11 / 28 / 2006
Mailing Address 95 Storrs Rd.		Amount of Each Disbursement this Period 348.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Willimantic State CT Zip Code 06226		
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Meehan and Daughters Real Estate		Transaction ID: SB17.97279 Date of Disbursement 12 / 08 / 2006
Mailing Address 824 Main Street, Suite A		Amount of Each Disbursement this Period 775.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Willimantic State CT Zip Code 06226		
Purpose of Disbursement Office Exp-Rent or Lease	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Meriden Police Department		Transaction ID: SB17.97237 Date of Disbursement 11 / 30 / 2006
Mailing Address 50 West Main Street		Amount of Each Disbursement this Period 746.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Meriden State CT Zip Code 06451		
Purpose of Disbursement Events-Election Day Security	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1521.29
TOTAL This Period (last page this line number only)	

27020270357

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 / 93	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. North Woods Advertising		Transaction ID: SB17.97261 Date of Disbursement 12 / 06 / 2006
Mailing Address 12 South Sixth Street		Amount of Each Disbursement this Period 55470.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Minneapolis State MN Zip Code 55402	Purpose of Disbursement Advertising Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. One Communications		Transaction ID: SB17.97302 Date of Disbursement 12 / 19 / 2006
Mailing Address P.O. Box 981039		Amount of Each Disbursement this Period 2419.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boston State MA Zip Code 02298	Purpose of Disbursement telecommunications services Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PMI Group Inc		Transaction ID: SB17.97304 Date of Disbursement 12 / 23 / 2006
Mailing Address c/o CSC Wealth Management LLC PO B		Amount of Each Disbursement this Period 56800.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Orange State NJ Zip Code 07052	Purpose of Disbursement Consulting - Voter Canvassing Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	114690.39
TOTAL This Period (last page this line number only)	▶	

27020270358

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. PMI Group Inc		Transaction ID: SB17.97305 Date of Disbursement 12 / 23 / 2006
Mailing Address c/o CSC Wealth Management LLC PO B		Amount of Each Disbursement this Period 50400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Orange	State NJ Zip Code 07052	
Purpose of Disbursement Consulting - Voter Canvassing		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Peoples Bank		Transaction ID: SB17.97257 Date of Disbursement 12 / 05 / 2006
Mailing Address 1940 Black Rock Turnpike		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfield	State CT Zip Code 06430	
Purpose of Disbursement Bank Fee		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Peoples Bank		Transaction ID: SB17.97269 Date of Disbursement 12 / 07 / 2006
Mailing Address 1940 Black Rock Turnpike		Amount of Each Disbursement this Period 20.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Fairfield	State CT Zip Code 06430	
Purpose of Disbursement Bank Fee		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	50440.00
TOTAL This Period (last page this line number only)	

27020270359

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 93			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Matthew Petrillo		Transaction ID: SB17.99941
Mailing Address 26 Bullfrog Lane		Date of Disbursement 11 / 29 / 2006
City Trumbull	State CT	Zip Code 06611
Purpose of Disbursement reimb-travel exps		Amount of Each Disbursement this Period 2090.01
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. U-Save Auto Rental		Transaction ID: SB17.99942
Mailing Address 200 Prospect Ave.		Date of Disbursement 11 / 29 / 2006
City Hartford	State CT	Zip Code 06106
Purpose of Disbursement Travel		Amount of Each Disbursement this Period 541.90
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Hartford Computer Rental		Transaction ID: SB17.99943
Mailing Address 1261 Wiley Rd		Date of Disbursement 11 / 29 / 2006
City Schaumburg	State IL	Zip Code 60173
Purpose of Disbursement Office Equipment Rental		Amount of Each Disbursement this Period 210.00
Candidate Name	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2090.01
TOTAL This Period (last page this line number only)	

27020270360

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Hertz Rent-a Car		Transaction ID: SB17.99944 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address PO Box 25722		Amount of Each Disbursement this Period 1315.92
City Oklahoma City State OK Zip Code 73125	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement car rental Candidate Name	<input type="checkbox"/> Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. Matthew Petrillo		Transaction ID: SB17.99945 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 26 Bullfrog Lane		Amount of Each Disbursement this Period 460.40
City Trumbull State CT Zip Code 06611	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimb-lodging Candidate Name	<input type="checkbox"/> Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. Sheraton Four Points		Transaction ID: SB17.99946 Date of Disbursement M M / D D / Y Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 426 Main Ave		Amount of Each Disbursement this Period 460.40
City Norwalk State CT Zip Code 06851	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Lodging Candidate Name	<input type="checkbox"/> Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	460.40
TOTAL This Period (last page this line number only) ▶	

27020270361

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Rackspace		Transaction ID: SB17.97313 Date of Disbursement 12 / 28 / 2006
Mailing Address 72 Oxford St.		Amount of Each Disbursement this Period 595.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06105	Purpose of Disbursement Technology-Website Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Robert Wysocki		Transaction ID: SB17.97309 Date of Disbursement 12 / 28 / 2006
Mailing Address 91 Hayes Street		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Britain State CT Zip Code 06053	Purpose of Disbursement Door-to-door Voter Contact Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ronnie Stallings		Transaction ID: SB17.97226 Date of Disbursement 11 / 28 / 2006
Mailing Address 42 Clark St.		Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06120	Purpose of Disbursement Door-to-door Voter Contact Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4370.00
TOTAL This Period (last page this line number only) ▶	

27020270362

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Rose Ryan		Transaction ID: SB17.99983 Date of Disbursement 11 / 28 / 2006
Mailing Address PO Box 746 Old		Amount of Each Disbursement this Period 632.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saybrook State CT Zip Code 06475	Purpose of Disbursement reimb-travel, phone Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Cingular		Transaction ID: SB17.99984 Date of Disbursement 11 / 28 / 2006
Mailing Address PO Box 105503		Amount of Each Disbursement this Period 320.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Atlanta State GA Zip Code 30348	Purpose of Disbursement Telephone Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Sara Clarke		Transaction ID: SB17.97287 Date of Disbursement 12 / 08 / 2006
Mailing Address 336 Ponus Ridge Road		Amount of Each Disbursement this Period 1846.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Canaan State CT Zip Code 06840	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2478.35
TOTAL This Period (last page this line number only)	

27020270363

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 93
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Students for a New American Politics (SNAP)		Transaction ID: SB17.100465 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address P.O. BOX 206886		Amount of Each Disbursement this Period 228.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06520	Purpose of Disbursement In-Kind - Yale Student Canvassers Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Thirman Milner		Transaction ID: SB17.97290 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6
Mailing Address 54 Myrtle Street		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06105	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Unit 18-D, LLC		Transaction ID: SB17.97311 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 25 Van Zant Street, Suite 14-8		Amount of Each Disbursement this Period 3128.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City East Norwalk State CT Zip Code 06855	Purpose of Disbursement Office Exp-Rent and Utilities Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3956.55
TOTAL This Period (last page this line number only) ▶	

27020270364

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 93		
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Urania Petit		Transaction ID: SB17.97244 Date of Disbursement 12 / 03 / 2006
Mailing Address 28 Townley Street Apt. A3		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06105	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Edward Vale		Transaction ID: SB17.99934 Date of Disbursement 12 / 07 / 2006
Mailing Address 3 Bantry Court		Amount of Each Disbursement this Period 633.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntington State NY Zip Code 11743	Purpose of Disbursement reimb-phone, travel Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. T-Mobile		Transaction ID: SB17.99934.0 Date of Disbursement 12 / 07 / 2006
Mailing Address PO Box 37380		Amount of Each Disbursement this Period 231.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Albuquerque State NM Zip Code 87176	Purpose of Disbursement Telephone Services Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	1133.82
TOTAL This Period (last page this line number only)	

27020270365

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 85 / 93
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

Full Name (Last, First, Middle Initial) A. Wespac - Securing America's Future		Transaction ID: SB17.100466																					
Mailing Address P.O. BOX 3276		Date of Disbursement																					
City Little Rock State AK Zip Code 72203		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	9	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	2	9	/	2	0	0	6														
Purpose of Disbursement In-Kind - Gen. Wesley Clark Travel Expen		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="4">539.30</td> </tr> </table>		539.30																			
539.30																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	539.30
TOTAL This Period (last page this line number only)	296698.53

27020270366

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
901 Farmington Ave Assoc LLC

Nature of Debt (Purpose):
Security Deposit

Mailing Address

City State ZIP Code

Outstanding Balance Beginning This Period

1000.00

Transaction ID: SD9.19

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&T

Nature of Debt (Purpose):
phone deposit - Meriden

Mailing Address 5 West Service Road

City State ZIP Code
Hartford CT 06120

Outstanding Balance Beginning This Period

1650.00

Transaction ID: SB9.4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1650.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
AT&T

Nature of Debt (Purpose):
phone deposit - Norwalk

Mailing Address 5 West Service Road

City State ZIP Code
Hartford CT 06120

Outstanding Balance Beginning This Period

1800.00

Transaction ID: SB9.7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1800.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

4450.00

2) **TOTALS** This Period (last page this line number only)..... ▶

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

27020270367

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): additional phone deposit - Meriden
Mailing Address 5 West Service Road	
City State ZIP Code Hartford CT 06120	

Outstanding Balance Beginning This Period 300.00	Transaction ID: SB9.8	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): security deposit - Enfield
Mailing Address 5 West Service Rd.	
City State ZIP Code Hartford CT 06120	

Outstanding Balance Beginning This Period 1500.00	Transaction ID: SD9.33	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): security deposit - Bethel
Mailing Address 5 West Service Rd.	
City State ZIP Code Hartford CT 06120	

Outstanding Balance Beginning This Period 1500.00	Transaction ID: SD9.32	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) SUBTOTALS This Period This Page (optional).....	▶	3300.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

27020270368

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): security deposit - Norwalk
Mailing Address 5 West Service Rd.	
City State ZIP Code Hartford CT 06120	

Outstanding Balance Beginning This Period 1500.00	Transaction ID: SD9.41	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): security deposit - Willimantic
Mailing Address 5 West Service Rd.	
City State ZIP Code Hartford CT 06120	

Outstanding Balance Beginning This Period 1200.00	Transaction ID: SD9.40	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): security deposit - Waterbury
Mailing Address 5 West Service Rd.	
City State ZIP Code Hartford CT 06120	

Outstanding Balance Beginning This Period 1200.00	Transaction ID: SD9.42	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1200.00

1) SUBTOTALS This Period This Page (optional).....	▶	3900.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): security deposit - Watertown
Mailing Address 5 West Service Road	
City State ZIP Code Hartford CT 06120	

Outstanding Balance Beginning This Period 1200.00	Transaction ID: SD9.46	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Anita Fournier	Nature of Debt (Purpose): Security Deposit
Mailing Address 659 Main St.	
City State ZIP Code Watertown CT 06795	

Outstanding Balance Beginning This Period 950.00	Transaction ID: SD9.16	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 950.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Barker Specialty Promotional Products	Nature of Debt (Purpose): Deposit
Mailing Address 27 Realty Dr Caller Box 222	
City State ZIP Code Cheshire CT 06410	

Outstanding Balance Beginning This Period 384.60	Transaction ID: SD9.21	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 384.60

1) SUBTOTALS This Period This Page (optional).....	▶	2534.60
2) TOTALS This Period (last page this line number).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CEO of Greenwich LLC	Nature of Debt (Purpose): security deposit - Greenwich
Mailing Address Two Sound View Drive	
City State ZIP Code Greenwich CT 06830	

Outstanding Balance Beginning This Period 4125.00	Transaction ID: SD9.10	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4125.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Connecticut Light and Power	Nature of Debt (Purpose): Security Deposit
Mailing Address 713 Main St	
City State ZIP Code PO Box 270 CT Hartf	

Outstanding Balance Beginning This Period 200.00	Transaction ID: SD9.13	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 200.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joesph Barker Enterprises	Nature of Debt (Purpose): rent security - Meriden
Mailing Address 250 Pomeroy Avenue	
City State ZIP Code Meriden CT 06450	

Outstanding Balance Beginning This Period 3485.00	Transaction ID: SB9.5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3485.00

1) SUBTOTALS This Period This Page (optional).....	▶	7810.00
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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SCHEDULE D (FEC Form 3)

(Use separate schedule(s) for each numbered line)

DEBTS AND OBLIGATIONS

FOR LINE NUMBER: (check only one)

9
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Excluding Loans

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Meehan and Daughters Real Estate

Nature of Debt (Purpose):
Security Deposit

Mailing Address 824 Main St., Suite A

City State ZIP Code
Willimantic CT 06226

Outstanding Balance Beginning This Period Transaction ID: SD9.17

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Northeast Utilities System

Nature of Debt (Purpose):
Security Deposit

Mailing Address 713 Main St

City State ZIP Code
Willimantic CT 06226

Outstanding Balance Beginning This Period Transaction ID: SD9.12

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SNEW

Nature of Debt (Purpose):
electric deposit - Norwalk

Mailing Address 1 State St. PO Box 400

City State ZIP Code
Norwalk CT 06856

Outstanding Balance Beginning This Period Transaction ID: SB9.9

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1048.34"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="23042.94"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

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SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alexis McGill

Nature of Debt (Purpose):
GOTV Consulting Services

Mailing Address 227 West 122nd Street

City State ZIP Code
New York NY 10027

Outstanding Balance Beginning This Period Transaction ID: SA10.127

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
David Markman dba Singleland Tech

Nature of Debt (Purpose):
Computer Programming Services

Mailing Address 37 East Pearl Street

City State ZIP Code
New Haven CT 06513

Outstanding Balance Beginning This Period Transaction ID: SA10.129

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Four Points by Sheraton

Nature of Debt (Purpose):
Catering and Facility Rental

Mailing Address 275 Research Parkway

City State ZIP Code
Meriden CT 06450

Outstanding Balance Beginning This Period Transaction ID: SA10.128

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....	▶	<input type="text" value="41500.00"/>
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3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	<input type="text"/>

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SCHEDULE D (FEC Form 3)

(Use separate schedule(s) for each numbered line)

DEBTS AND OBLIGATIONS

FOR LINE NUMBER: (check only one)

9
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Excluding Loans

NAME OF COMMITTEE (In Full)
Ned Lamont for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor St. Paul Travelers/BK International Insurance		Nature of Debt (Purpose): commercial insurance
Mailing Address 35 Mason Street		
City State Greenwich CT	ZIP Code 06830	

Outstanding Balance Beginning This Period		Transaction ID: SA10.7	
-24.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	-24.00	

1) SUBTOTALS This Period This Page (optional).....	-24.00
2) TOTALS This Period (last page this line number only).....	41476.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
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WT: 030 TOTAL: 00030
 PR: BMT RT 06:59 DRB:DFM:2E
 LV: DFM RT 22:39 07/18/07

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United States Senate

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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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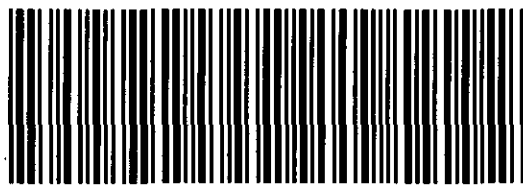
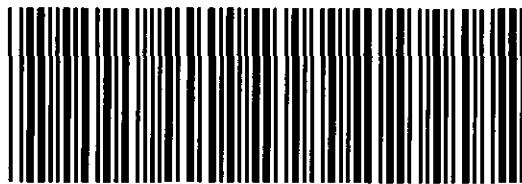
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