

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Roraback for Congress

Report Covering the Period: From: / / To: / /

	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))....	0.00	5275.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	5275.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6111.72	103023.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6111.72	103023.86
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4053.83	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	25000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Roraback for Congress

Report Covering the Period: From: / / To: / /

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).....	0.00	0.00
(ii) Unitemized.....	0.00	275.00
(iii) TOTAL of contributions from individuals ▶	0.00	275.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	5275.00
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.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	0.00	5275.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6111.72	103023.86
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	6111.72	103023.86

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	10165.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	10165.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6111.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4053.83

**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 5 OF 10			
	<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)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. American Copy		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 318.37
City Waterbury	State CT	
Zip Code 06703		
Purpose of Disbursement copier rental		Category/ Type 001
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District: 00	

Full Name (Last, First, Middle Initial) B. ATT		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012
Mailing Address P.O box 5082		Amount of Each Disbursement this Period 20.70
City Carol Stream	State IL	
Zip Code 60197		
Purpose of Disbursement Telephone Expense		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. ATT Mobility		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2013
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 179.28
City CAROL STREAM	State IL	
Zip Code 60197-6463		
Purpose of Disbursement cell phone		Category/ Type 001
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	518.35
TOTAL This Period (last page this line number only).....	

**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 6 OF 10	
	<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)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. CARA Association		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address 36 Trumbull Street		Amount of Each Disbursement this Period 172.34 Transaction ID : 12314
City Hartford	State CT Zip Code 06103	
Purpose of Disbursement reimbursement for event expense	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Citizen News		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2012
Mailing Address P.O. box 8048		Amount of Each Disbursement this Period 108.00 Transaction ID : 12315
City New Fairfield	State CT Zip Code 06483	
Purpose of Disbursement Ad	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 800.00 Transaction ID : 12317
City Falls Church	State VA Zip Code 22043	
Purpose of Disbursement Fundraising software	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1080.34
TOTAL This Period (last page this line number only).....	

**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 7 OF 10			
	<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)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. Connecticut Light and Power			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2012
Mailing Address P.O. Box 150493			Amount of Each Disbursement this Period 82.34 Transaction ID : 12316
City Hartford	State CT	Zip Code 06115	
Purpose of Disbursement	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District: 00			

Full Name (Last, First, Middle Initial) B. Department of Labor			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2012
Mailing Address 13 High Street			Amount of Each Disbursement this Period 984.90 Transaction ID : 123116
City Hartford	State CT	Zip Code 06106	
Purpose of Disbursement payroll taxes	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) C. Downtown Partners			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012
Mailing Address Main Street			Amount of Each Disbursement this Period -986.36 Transaction ID : 123112
City Torrington	State CT	Zip Code 06790	
Purpose of Disbursement Refund Security deposit	Candidate Name		Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	80.88
TOTAL This Period (last page this line number only).....	

**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 8 OF 10			
	<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)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. McKena Long and Aldridge		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012
Mailing Address		Amount of Each Disbursement this Period 4094.62
City	State Zip Code	
Purpose of Disbursement legal fee	Candidate Name	Transaction ID : 12319
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Newberry Insurance		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012
Mailing Address 19 Rowley Street		Amount of Each Disbursement this Period -348.40
City	State Zip Code	
Winsted CT		Transaction ID : 123117
Purpose of Disbursement refund payment	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Lithchfield Coutny Club		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012
Mailing Address 256 Old South Road		Amount of Each Disbursement this Period 607.93
City	State Zip Code	
Litchfield CT 06759-4021		Transaction ID : 12318
Purpose of Disbursement event expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4354.15
TOTAL This Period (last page this line number only).....	

**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 9 OF 10	
	<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)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. Torrington Savings Bank			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012	
Mailing Address 129 MAIN STREET			Amount of Each Disbursement this Period -25.00	
City TORRINGTON	State CT	Zip Code 06790	Transaction ID : 123114	
Purpose of Disbursement refund bank wire fee		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. United States Treasury (IRS)			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2012	
Mailing Address P.O. Box 804521			Amount of Each Disbursement this Period 403.00	
City Cincinanti	State OH	Zip Code 45999-0044	Transaction ID : 123110	
Purpose of Disbursement payroll taxes		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. WTIC			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2012	
Mailing Address Ten Executive Drive			Amount of Each Disbursement this Period -300.00	
City Farmington	State CT	Zip Code	Transaction ID : 123111	
Purpose of Disbursement refund - radio ads		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	6111.72

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Roraback for Congress** Transaction ID : **o400**

LOAN SOURCE Full Name (Last, First, Middle Initial) Andrew Roraback	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 455 Milton Road	

City	State	ZIP Code
Goshen	CT	06756-1611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08 / 10 / 2012	11/15/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	25000.00
TOTALS This Period (last page in this line only).....	25000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.