

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Roraback for Congress

ADDRESS (number and street)

PO Box 807

Check if different than previously reported. (ACC)

Torrington

CT

06790

2. **FEC IDENTIFICATION NUMBER**

C C00504985

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

CT

05

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

/ /

through

/ /

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 Anna-Elysapeth McGuire

Signature of Treasurer Anna-Elysapeth McGuire

[Electronically Filed]

Date

/ /

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

Office Use Only							
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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))....	113666.42	536625.50
(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)).....	113666.42	536625.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	116283.96	264184.45
(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)).....	116283.96	264184.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	263956.36	
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).....	0.00	

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).....	95851.42	476386.70
(ii) Unitemized.....	15215.00	57638.80
(iii) TOTAL of contributions from individuals ▶	111066.42	534025.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2600.00	2600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	113666.42	536625.50
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)..... ▶	113666.42	536625.50

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	116283.96	264184.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	501.43	501.43
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	483.26	7983.26
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	117268.65	272669.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	267558.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	113666.42
25. SUBTOTAL (add Line 23 and Line 24).....	381225.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	117268.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	263956.36

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

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

FOR LINE NUMBER: PAGE 5 OF 121
(check only one)
 11a 12 11b 13a 11c 13b 11d 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)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
IRWIN B. ACKERMAN

Mailing Address 93 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer ACKLINS ASSOCIATES Occupation REAL ESTATE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1359

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY ACKERMAN

Mailing Address 93 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1360

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GERALD ANTONACCI

Mailing Address 15 MULLEN RD

City ENFIELD State CT Zip Code 06082-6033

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1338

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
GERALD ANTONACCI

Mailing Address 15 MULLEN RD

City ENFIELD State CT Zip Code 06082-6033

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1339

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN ARMSTRONG

Mailing Address 27 HILLTOP DR

City MADISON State CT Zip Code 06443-3222

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

Name of Employer N/A Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1395

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMY ATKINSON

Mailing Address 2299 PACIFIC AVENUE, #82

City SAN FRANCISCO State CA Zip Code 94115-1426

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

Name of Employer THE DOCUMENTARY GROUP Occupation WRITER/PRODUCER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2012

Transaction ID : SA11.1194

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. DIRCK BARHYDT

Mailing Address 115 SHELDON LN

City LITCHFIELD State CT Zip Code 06759-3422

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

Name of Employer SALISBURY SCHOOL Occupation ADMINISTRATOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11.1049

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DIRCK BARHYDT

Mailing Address 115 SHELDON LN

City LITCHFIELD State CT Zip Code 06759-3422

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

Name of Employer SALISBURY SCHOOL Occupation ADMINISTRATOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.1403

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARGARET BARNES

Mailing Address PO BOX 1584

City LITCHFIELD State CT Zip Code 06759-1584

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

Name of Employer SPECTRUM CAPITAL, LTD Occupation EXECUTIVE ASSISTANT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 28 / 2012

Transaction ID : SA11.1162

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MS. MARGARET BARNES

Mailing Address **PO BOX 1584**

City **LITCHFIELD** State **CT** Zip Code **06759-1584**

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

Name of Employer **SPECTRUM CAPITAL, LTD** Occupation **EXECUTIVE ASSISTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1327

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS C. BARRY

Mailing Address **1220 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10128-1733**

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

Name of Employer **ZEPHYR MANAGEMENT** Occupation **INVESTMENTS**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1216

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELIZABETH B. BECKER

Mailing Address **13 PROSPECT AVE**

City **DARIEN** State **CT** Zip Code **06820-3512**

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

Name of Employer **EURPAC SERVICE, INC** Occupation **GENERAL MANAGER/OWNER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2012

Transaction ID : SA11.1158

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

3050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
SUSAN P. BELCHER

Mailing Address **1 TOWN HILL ROAD**

City **LAKEVILLE** State **CT** Zip Code **06039-2311**

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

Name of Employer **HOUSEWIFE** Occupation **N/A**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : SA11.1185

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL H. BEST

Mailing Address **558 LIME ROCK RD**

City **LAKEVILLE** State **CT** Zip Code **06039-2420**

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

Name of Employer **ADVANCED POWER** Occupation **MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1228

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARIE LOUISE BOGDANOVICS

Mailing Address **47 CHESTNUT HILL ROAD**

City **LITCHFIELD** State **CT** Zip Code **06759-4101**

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

Name of Employer **BOGDANOVICS, DIABETES & ENDOCRINOLC** Occupation **OFFICE MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : SA11.1375

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. PATRICK J. BOLAND

Mailing Address 10 OSBORN ROAD
P.O. BOX 1336

City LITCHFIELD State CT Zip Code 06759-2317

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1120

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PATRICK J. BOLAND

Mailing Address 10 OSBORN ROAD
P.O. BOX 1336

City LITCHFIELD State CT Zip Code 06759-2317

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SA11.1298

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PETER BONACHEA

Mailing Address 187 WEST SHORE RD

City NEW PRESTON State CT Zip Code 06777-1302

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 13 / 2012

Transaction ID : SA11.1237

Amount of Each Receipt this Period

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. EDWIN G. BOOTH JR.

Mailing Address **2 COVENTRY LANE**

City **HARWINTON** State **CT** Zip Code **06791-2413**

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

Name of Employer **TORRINGTON CASTING CO.** Occupation **FOUNDRY MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11.1100

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN J. BRACKEN III

Mailing Address **57 BREEZY KNOLL**

City **AVON** State **CT** Zip Code **06001-2842**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **ATTORNEY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1390

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THERESE D. BRAUN

Mailing Address **P.O. BOX 468**

City **NORFOLK** State **CT** Zip Code **06058-0468**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFFC**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : SA11.1199

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. MS. MARANA BROOKS		Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2012
Mailing Address 88 WIGWAM ROAD P.O. BOX 1045		Transaction ID : SA11.1159
City LITCHFIELD State CT Zip Code 06759-3826	Amount of Each Receipt this Period 483.27 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer SELF Occupation FARMER	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 2483.27	

Full Name (Last, First, Middle Initial) B. SUSAN J. BROWN		Date of Receipt M M / D D / Y Y Y Y Y 06 / 27 / 2012
Mailing Address 10 SHEAGREN HILL RD		Transaction ID : SA11.1416
City CENTERBROOK State CT Zip Code 06409	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer FIRST CT FEDERAL CREDIT UNION Occupation EXECUTIVE	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. CIARA BURNHAM		Date of Receipt M M / D D / Y Y Y Y Y 06 / 18 / 2012
Mailing Address 16 W 77TH ST 14E		Transaction ID : SA11.1292
City NEW YORK State NY Zip Code 10024-5126	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
FEC ID number of contributing federal political committee. C	Name of Employer EVERCORE PARTNERS Occupation BANKER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	983.27
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MARY B. BYRNE- LING

Mailing Address **90 BOWNE ROAD**

City **SHARON** State **CT** Zip Code **06069-2448**

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

Name of Employer **SELF** Occupation **CATTLE RANCHER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1225

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD CALHOUN

Mailing Address **111 SUNCREST ROAD**

City **TORRINGTON** State **CT** Zip Code **06790-7913**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 15 / 2012

Transaction ID : SA11.1265

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RONALD CANCIANI

Mailing Address **134 SOUTH ROAD**

City **HARWINTON** State **CT** Zip Code **06791-2305**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1220

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM G. CAREY

Mailing Address 640 MOUNTAIN RD

City State Zip Code
WAITSFIELD VT 05673

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : SA11.1069

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. ALICE CAROLAN

Mailing Address 205 WHISCONIER RD P.O. BOX 5188

City State Zip Code
BROOKFIELD CT 06804-5188

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2012

Transaction ID : SA11.1066

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DANIEL F. CARUSO

Mailing Address 160 FAIRFIELD WOODS RD #61

City State Zip Code
FAIRFIELD CT 06825-3348

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(FAIRFIELD PROBATE COURT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11.1364

Amount of Each Receipt this Period
250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. DINO CASALI

Mailing Address P.O. BOX 387
128 SHELDON LANE

City THOMASTON State CT Zip Code 06787-0387

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

Name of Employer OPPENHEIMER & CO. Occupation FINANCIAL ADVISOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11.1097

Amount of Each Receipt this Period
200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR RICHARD H. CAULFIELD

Mailing Address 9601 CASTLE POINT DR. UNIT 813

City SARASOTA State FL Zip Code 34238-3381

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1117

Amount of Each Receipt this Period
100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CLARK J. CHAPIN

Mailing Address 105 CHAPIN ROAD

City NEW MILFORD State CT Zip Code 06776-2656

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

Name of Employer STATE OF CT Occupation LEGISLATOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2012

Transaction ID : SA11.1130

Amount of Each Receipt this Period
50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
JEANNETTE CHING

Mailing Address P.O. BOX 953
P.O. BOX 953

City LITCHFIELD State CT Zip Code 06759-0953

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11.1095

Amount of Each Receipt this Period
200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETER J. CIMINI

Mailing Address 71 HUNTERS RIDGE

City ROCKY HILL State CT Zip Code 06067-1742

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

Name of Employer CAPITOL STRATEGIES GROUP, LLC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1413

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAULA CLARKE

Mailing Address ONE LIBERTY SQUARE

City NEW BRITAIN State CT Zip Code 06051-2636

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

Name of Employer GAFFNEY, BENNETT & ASSOC Occupation LAWYER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1336

Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
JOHN D. COFFIN

Mailing Address 83 COGSWELL RD

City WEST CORNWALL State CT Zip Code 06796-1603

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11.1307

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RUFUS M. COLE

Mailing Address 147 HOLLEY HILL LANE APT 8

City GREENWICH State CT Zip Code 06830-6082

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

Name of Employer NORTHWEST FINANCIAL GROUP Occupation FINANCIAL REPRESENTATIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11.1224

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD F. CONWAY

Mailing Address 80 BLUE RIDGE RD

City BERLIN State CT Zip Code 06037-2802

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

Name of Employer GAFFNEY, BENNETT & ASSOC Occupation LOBBYIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1337

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

950.00

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

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

FOR LINE NUMBER: PAGE 18 OF 121
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MRS. SUSAN L. COOLIDGE

Mailing Address 180 SOUTH STREET
P.O. BOX 1860

City LITCHFIELD State CT Zip Code 06759-4006

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11.1122

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY CORSON

Mailing Address 75 FIELD POINT CIR

City GREENWICH State CT Zip Code 06830-7072

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2012

Transaction ID : SA11.1198

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN G. COUMANTAROS

Mailing Address 712 FIFTH AVENUE

City NEW YORK State NY Zip Code 10019-4108

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

Name of Employer SOUTHERN STAR SHIPPING CO., INC. Occupation CORPORATE EXECUTIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11.1303

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM F. CRUGER

Mailing Address 993 FIFTH AVE

City NEW YORK State NY Zip Code 10028-0105

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11.1232

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TONYA K. CURRY

Mailing Address 285 BANTAM LAKE RD

City MORRIS State CT Zip Code 06763-1107

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.1110

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JEANNE J. DANAHER

Mailing Address P.O. BOX 1857

City LITCHFIELD State CT Zip Code 06759-1857

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
985.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11.1046

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MRS. JEANNE J. DANAHER

Mailing Address P.O. BOX 1857

City State Zip Code
LITCHFIELD CT 06759-1857

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
985.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2012

Transaction ID : SA11.1248

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EUGENE R. DATTEL

Mailing Address P.O. BOX 1339

City State Zip Code
LAKEVILLE CT 06039-8339

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

Name of Employer Occupation
SELF WRITER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11.1178

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. HELEN MACDONALD DEGENER

Mailing Address 130 SHARON MOUNTAIN RD
P.O. BOX 651

City State Zip Code
SHARON CT 06069-2403

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

Name of Employer Occupation
MAZAMA CAPITAL MGMT ADVISOR, DIRECTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2012

Transaction ID : SA11.1195

Amount of Each Receipt this Period
500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) RAYMOND DEVLIN		Date of Receipt MM / DD / YYYY 05 / 12 / 2012
Mailing Address 100 PEARL ST 14TH FLOOR		Transaction ID : SA11.1136
City HARTFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SELF	Occupation LAWYER	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

Full Name (Last, First, Middle Initial) ARTHUR HILL DIEDRICK		Date of Receipt MM / DD / YYYY 05 / 09 / 2012
Mailing Address P.O. BOX 37 P.O. BOX 37		Transaction ID : SA11.1115
City LITCHFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF	Occupation COMMUNICATIONS	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	

Full Name (Last, First, Middle Initial) ARTHUR HILL DIEDRICK		Date of Receipt MM / DD / YYYY 05 / 09 / 2012
Mailing Address P.O. BOX 37 P.O. BOX 37		Transaction ID : SA11.1115B
City LITCHFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -500.00
Name of Employer SELF	Occupation COMMUNICATIONS	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 6500.00	[MEMO ITEM] REDESIGNATION TO GENERAL

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
ARTHUR HILL DIEDRICK

Mailing Address P.O. BOX 37
P.O. BOX 37

City LITCHFIELD State CT Zip Code 06759-0037

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

Name of Employer SELF Occupation COMMUNICATIONS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1287

Amount of Each Receipt this Period
500.00

CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM RUNOFF

B. Full Name (Last, First, Middle Initial)
JOHN W. DINNEEN

Mailing Address P.O. BOX 905

City KENT State CT Zip Code 06757-0905

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

Name of Employer DINNEEN & SON Occupation BUILDER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.1320

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD W. DISKAVICH

Mailing Address 105 BEVERLY RD

City TORRINGTON State CT Zip Code 06790-4060

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
290.40

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11.1096

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. EDWARD W. DISKAVICH

Mailing Address 105 BEVERLY RD

City State Zip Code
TORRINGTON CT 06790-4060

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
290.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2012

Transaction ID : SA11.1252

Amount of Each Receipt this Period
 90.40
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HILARY W. DONALD

Mailing Address 14 COLTON STREET

City State Zip Code
FARMINGTON CT 06032-2329

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

Name of Employer Occupation
L'ARC ARCHITECTS, LLC ARCHITECT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1394

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARBARA DOUGLASS

Mailing Address P.O. BOX 451
452 E. RIVER RD.

City State Zip Code
RIVERTON CT 06065-0451

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

Name of Employer Occupation
NORTHWESTERN CONNECTICUT COMMUNI PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11.1278

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

340.40

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MARGARET DOUGLAS-HAMILTON

Mailing Address 137 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2012

Transaction ID : SA11.1377

Amount of Each Receipt this Period
125.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JODY C. DOWLING

Mailing Address 143 BALFOUR DR.

City WEST HARTFORD State CT Zip Code 06117-2902

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2012

Transaction ID : SA11.1301

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEVEN D. ECKER

Mailing Address 225 LAWRENCE ST

City NEW HAVEN State CT Zip Code 06511-2418

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

Name of Employer COWDREY, ECKER AND MURPHY LLC Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1399

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT FARR

Mailing Address 90 WHITING LANE

City WEST HARTFORD State CT Zip Code 06119-1641

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 16 / 2012

Transaction ID : SA11.1154

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT FARR

Mailing Address 90 WHITING LANE

City WEST HARTFORD State CT Zip Code 06119-1641

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11.1279

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN H. FIELD

Mailing Address 317 GOSHEN ROAD

City LITCHFIELD State CT Zip Code 06759-2404

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.1106

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. JOHN H. FIELD

Mailing Address 317 GOSHEN ROAD

City State Zip Code
LITCHFIELD CT 06759-2404

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 22 / 2012

Transaction ID : SA11.1302

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT V. FISH

Mailing Address 328 CALKINSTOWN RD

City State Zip Code
SHARON CT 06069-2124

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 29 / 2012

Transaction ID : SA11.1170

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LIDA E. FITZGERALD

Mailing Address 125 TOWN LINE RD

City State Zip Code
BRIDGEWATER CT 06752-1516

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

Name of Employer Occupation
N/A N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.1319

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
BRIAN J. FLAHERTY

Mailing Address 21 NEILL DR

City: WATERTOWN State: CT Zip Code: 06795-1706

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFFC Occupation: INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 14 / 2012

Transaction ID : SA11.1262

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OLIVIA R. FLOREN

Mailing Address 210 ROUND HILL RD

City: GREENWICH State: CT Zip Code: 06831-3357

FEC ID number of contributing federal political committee: C

Name of Employer: STATE OF CONNECTICUT Occupation: STATE REPRESENTATIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 10 / 2012

Transaction ID : SA11.1111

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAUL H. FOELLER

Mailing Address 128 WELDON COURT

City: GOSHEN State: CT Zip Code: 06756-1615

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: OPTOMETRIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 05 / 14 / 2012

Transaction ID : SA11.1140

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

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

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

FOR LINE NUMBER: PAGE 28 OF 121
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 11e 15

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
BRUCE T. FOX

Mailing Address **8 ARBOR DR**

City **TORRINGTON** State **CT** Zip Code **06790-3301**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1124

Amount of Each Receipt this Period
200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOUIS J. FOX

Mailing Address **75 PRESTON LANE**

City **TACONIC** State **CT** Zip Code **06079-8017**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11.1179

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EMIL FRANKEL

Mailing Address **1620 22ND ST NW**

City **WASHINGTON** State **DC** Zip Code **20008-1920**

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 14 / 2012

Transaction ID : SA11.1141

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. LOUIS A. FRIEDRICH

Mailing Address 96 WELLSFORD DR.

City State Zip Code
GOSHEN CT 06756-1816

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

Name of Employer Occupation
ALLIANCE BERNSTEIN FINANCIAL ADVISOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11.1048

Amount of Each Receipt this Period
500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD FURNISS JR.

Mailing Address 163 CORNWALL HOLLOW ROAD

City State Zip Code
WEST CORNWALL CT 06796-1621

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
770.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : SA11.1155

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOSEPH GELORMINO

Mailing Address 122 LEXINGTON AVE.

City State Zip Code
TORRINGTON CT 06790-3483

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11.1099

Amount of Each Receipt this Period
200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
PETER GEVALT

Mailing Address 300 WELLS HILL RD

City LAKEVILLE State CT Zip Code 06039-2300

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

Name of Employer WELLS HILL PARTNERS LTD Occupation MANAGING DIRECTOR, R.E. COMPANY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1402

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LILE R. GIBBONS

Mailing Address 27 SUNSET RD

City OLD GREENWICH State CT Zip Code 06870-2109

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

Name of Employer STATE OF CT Occupation STATE REPRESENTATIVE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.1174

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. PENELOPE GLASSMEYER

Mailing Address 23 BUTLER'S ISLAND

City DARIEN State CT Zip Code 06820-6203

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

Name of Employer HOMEMAKER Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11.1163

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT A. GOLDSCHMIDT

Mailing Address 41 SADDLE RIDGE

City BLOOMFIELD State CT Zip Code 06002-1543

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

Name of Employer SELF EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : SA11.1321

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KENNETH D. GREEN

Mailing Address 117 W. HYERDALE DRIVE

City GOSHEN State CT Zip Code 06756-1700

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11.1044

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARGARET GRINER

Mailing Address 41 ARROW POINT RD

City NEW PRESTON State CT Zip Code 06777-1108

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11.1212

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. MS. MARGARET GRINER		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2012	
Mailing Address 41 ARROW POINT RD		Transaction ID : SA11.1268	
City NEW PRESTON	State CT	Zip Code 06777-1108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) B. WILLIAM A. HAMZY		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2012	
Mailing Address 2 MINOR ROAD		Transaction ID : SA11.1277	
City TERRYVILLE	State CT	Zip Code 06786-4002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer THE HAMZY LAW FIRM, LLC	Occupation ATTORNEY		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00		
		CONTRIBUTION	

Full Name (Last, First, Middle Initial) C. MRS. DREW HARLOW		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2012	
Mailing Address P.O. BOX 96 93 BALDWIN HILL RD.		Transaction ID : SA11.1133	
City LITCHFIELD	State CT	Zip Code 06759-0096	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation N/A		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		
		CONTRIBUTION	

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
ELYSE D. HARNEY

Mailing Address P.O. BOX 628

City SALISBURY State CT Zip Code 06068-0628

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

Name of Employer ELYSE HARNEY REALTY Occupation REAL ESTATE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11.1157

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ADELAIDE HARRIS

Mailing Address 30 WASHINEE HTS
P.O. BOX629

City SALISBURY State CT Zip Code 06068-1613

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

Name of Employer SELF Occupation SELF-EMPLOYED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11.1230

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ADELAIDE HARRIS

Mailing Address 30 WASHINEE HTS
P.O. BOX629

City SALISBURY State CT Zip Code 06068-1613

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

Name of Employer SELF Occupation SELF-EMPLOYED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2012

Transaction ID : SA11.1439

Amount of Each Receipt this Period
 247.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1497.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
GWENDOLINE ANNE HARRIS

Mailing Address 350 CANAAN RD

City SALISBURY State CT Zip Code 06068-1605

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1227

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM REES HARRIS JR.

Mailing Address PO BOX 629
30 WASHINEE HT

City SALISBURY State CT Zip Code 06068-0629

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

Name of Employer SELF-EMPLOYED Occupation PILOT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1247.49**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11.1440

Amount of Each Receipt this Period
247.49
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HARVEY W. HAYDEN VMD

Mailing Address P.O. BOX 386
414 CORNWALL BRIDGE RD

City SHARON State CT Zip Code 06069-0386

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1229

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2997.49

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. JAMES HEALEY JR.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012
Mailing Address 54 WESTWOOD		Transaction ID : SA11.1383
City WEST HARTFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer KEEFE, BRUYETTE AND WOODS	Occupation SR. VP	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4500.00	

Full Name (Last, First, Middle Initial) B. ALICE B. HICKS		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2012
Mailing Address 35 BEARDSLEY RD		Transaction ID : SA11.1263
City KENT	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. MR. CHRISTOPHER M. HILL		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 12 / 2012
Mailing Address 18 WESTOVER LANE P.O. BOX 940		Transaction ID : SA11.1247
City LITCHFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer LITCHFIELD FORD	Occupation PRESIDENT	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 850.00	

SUBTOTAL of Receipts This Page (optional).....	2350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. ANDREW M. HOFFMAN

Mailing Address 237 E. 17TH STREET APT 430

City NEW YORK State NY Zip Code 10003-3664

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

Name of Employer HSBC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.1314

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NANCY COLEAN HOWARD

Mailing Address PO BOX 137
133 UNDERMOUNTAIN RD

City SALISBURY State CT Zip Code 06068-0137

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 21 / 2012

Transaction ID : SA11.1147

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CARROLL J. HUGHES

Mailing Address 88 SHEFFIELD ST

City OLD SAYBROOK State CT Zip Code 06475-2307

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

Name of Employer HUGHES & CRONIN Occupation LOBBYIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1415

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

550.00

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

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

FOR LINE NUMBER: PAGE 37 OF 121
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
JEAN CRONIN HUGHES

Mailing Address **88 SHEFFIELD ST**

City **OLD SAYBROOK** State **CT** Zip Code **06475-2307**

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

Name of Employer **HUGHES & CRONIN** Occupation **LOBBYIST**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1410

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WHIT T. JACKSON

Mailing Address **P.O. BOX 603**

City **NICASIO** State **CA** Zip Code **94946-0603**

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

Name of Employer **MOTOROLA MOBILITY** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
06 / 04 / 2012

Transaction ID : SA11.1188

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN E. JANCO SR.

Mailing Address **213 ALLISON DRIVE**

City **TORRINGTON** State **CT** Zip Code **06790-3151**

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

Name of Employer **TORRINGTON SAVINGS BANK** Occupation **BANK OFFICER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y
05 / 10 / 2012

Transaction ID : SA11.1105

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) GARY JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012
Mailing Address 1051 CEDAR RD		Transaction ID : SA11.1309
City SOUTHPORT	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CAPITAL ACCESS	Occupation OWNER	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) NANCY L. JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012
Mailing Address 141 SOUTH MOUNTAIN DR		Transaction ID : SA11.1316
City NEW BRITAIN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer BAKER	Occupation SENIOR ADVISOR	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

Full Name (Last, First, Middle Initial) NANCY L. JOHNSON		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012
Mailing Address 141 SOUTH MOUNTAIN DR		Transaction ID : SA11.1317
City NEW BRITAIN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer BAKER	Occupation SENIOR ADVISOR	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) OTTO A. KALETSCH		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2012
Mailing Address 193 WEST CORNWALL ROAD P.O. BOX 255		Transaction ID : SA11.1257
City WEST CORNWALL	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer RETIRED	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) EDWARD C. KAVLE		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2012
Mailing Address 134 NORTH STREET P.O. BOX 1021		Transaction ID : SA11.1101
City LITCHFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SELF	Occupation PHYSICIAN	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

Full Name (Last, First, Middle Initial) ROBERT E. KEITER		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 21 / 2012
Mailing Address 36 LONG POND RD		Transaction ID : SA11.1144
City LAKEVILLE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
CHARLES T. KELLOGG

Mailing Address **P.O. BOX 790**
C/O HUBBARD HALL

City **WATERBURY** State **CT** Zip Code **06720-0790**

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

Name of Employer **HUBBARD HALL** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1412

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. PAMELA G. KENNEDY

Mailing Address **288 NORTH LAKE STREET**

City **LITCHFIELD** State **CT** Zip Code **06759-2421**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 15 / 2012

Transaction ID : SA11.1156

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT J. KENNEDY JR.

Mailing Address **66 MEADOW LANE**

City **WEST HARTFORD** State **CT** Zip Code **06107-1515**

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

Name of Employer **CT ASSOC OF REALTORS** Occupation **ASSOC. MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1418

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) PETER KENT		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2012
Mailing Address 83 BELGO ROAD		Transaction ID : SA11.1258
City LAKEVILLE	State CT	
Zip Code 06039-1002		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer BICRON ELECTRONICS	Occupation RETIRING	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) HALVOR KIELLAND		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 24 / 2012
Mailing Address 738 WEED ST		Transaction ID : SA11.1168
City NEW CANAAN	State CT	
Zip Code 06840-4016		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) MR. LAWRENCE B. KURLAND		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2012
Mailing Address 196 EAST STREET		Transaction ID : SA11.1169
City SHARON	State CT	
Zip Code 06069-2416		Amount of Each Receipt this Period CONTRIBUTION 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer LAWRENCE B. KURLAND	Occupation ATTORNEY	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 42 OF 121
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. NICHOLAS V. LABBADIA

Mailing Address 576 STEELE RD

City State Zip Code
NEW HARTFORD CT 06057-3102

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : SA11.1315

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN N. LAVIERI

Mailing Address HICKORY RIDGE P.O. BOX 202

City State Zip Code
BARKHAMSTED CT 06063-0202

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

Name of Employer Occupation
STERLING ENGINEERING PRESIDENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2012

Transaction ID : SA11.1430

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TODD LAVIERI

Mailing Address 98 STONELEIGH RD

City State Zip Code
NEW CANAAN CT 06840-5000

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

Name of Employer Occupation
IBM MANAGING PARTNER, GBS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 11 / 2012

Transaction ID : SA11.1128

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
THERESA A. LIPEIKA

Mailing Address **14 NORTH FORTY RD**

City **NORTHFIELD** State **CT** Zip Code **06778-2517**

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

Name of Employer **ACCELLENT** Occupation **DIRECTOR OF OPERATIONS**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1125

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PETER B. MAGLATHLIN

Mailing Address **9 PRATT ISLAND**

City **DARIEN** State **CT** Zip Code **06820-5726**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SA11.1255

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DOUGLAS P. MAHONEY

Mailing Address **39 WHITEWOOD RD**

City **NEWTOWN** State **CT** Zip Code **06470-1560**

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

Name of Employer **TREMONT AND SHELDON** Occupation **LAWYER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1342

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
JAY F. MALCYNISKY

Mailing Address **25 PARKERS POINT RD**

City **CHESTER** State **CT** Zip Code **06412-1206**

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

Name of Employer **SELF EMPLOYED** Occupation **LAWYER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1345

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARTIN MAROLA

Mailing Address **57 DAVIDSON RD**

City **GOSHEN** State **CT** Zip Code **06756-1230**

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

Name of Employer **MAROLA MOTOR SALES** Occupation **TRUCK DEALER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11.1264

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARTIN MAROLA

Mailing Address **57 DAVIDSON RD**

City **GOSHEN** State **CT** Zip Code **06756-1230**

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

Name of Employer **MAROLA MOTOR SALES** Occupation **TRUCK DEALER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11.1264B

Amount of Each Receipt this Period
-2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO GENERAL**

SUBTOTAL of Receipts This Page (optional).....

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MARTIN MAROLA

Mailing Address 57 DAVIDSON RD

City State Zip Code
GOSHEN CT 06756-1230

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

Name of Employer Occupation
MAROLA MOTOR SALES TRUCK DEALER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11.1289

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM PRIMARY**

B. Full Name (Last, First, Middle Initial)
ELAINE MARSHALL

Mailing Address 341 MILTON RD

City State Zip Code
LITCHFIELD CT 06759-2203

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 03 / 2012

Transaction ID : SA11.1093

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY G. MARSTED

Mailing Address 125 INDIAN HILL ROAD

City State Zip Code
CANTON CT 06019-3624

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

Name of Employer Occupation
BRADLEY, FOSTER, SARGENT INVESTMENTS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11.1256

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
KATHERINE MARTUCCI

Mailing Address **P.O. BOX 297**

City **ANCRAMDAL** State **NY** Zip Code **12503-0297**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : SA11.1183

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DENNIS M. MAYER

Mailing Address **112 HENLEY WAY**

City **AVON** State **CT** Zip Code **06001-4072**

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

Name of Employer **OTIS ELEVATOR** Occupation **EXECUTIVE**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1387

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PATRICK E. MCCABE

Mailing Address **36 TRUMBULL ST**

City **HARTFORD** State **CT** Zip Code **06103-2404**

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

Name of Employer **CAPITOL STRATEGIES** Occupation **LOBBYIST**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1414

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. JAMES W. MCELHONE

Mailing Address 1118 HIGHLAND AVENUE

City State Zip Code
TORRINGTON CT 06790-4307

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

Name of Employer Occupation
SELF EMPLOYED CONSTRUCTION

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : SA11.1092

Amount of Each Receipt this Period
200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEANNE N. MCGEEHIN

Mailing Address 73 BALDWIN HILL ROAD

City State Zip Code
LITCHFIELD CT 06759-3305

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

Name of Employer Occupation
CHH DOCTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11.1116

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
W. KEVIN MCGRATH

Mailing Address P.O. BOX 394

City State Zip Code
SALISBURY CT 06068-0394

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : SA11.1379

Amount of Each Receipt this Period
250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
KENNETH W. MERZ

Mailing Address **62 NORTH STREET**
P.O. BOX 1227

City **LITCHFIELD** State **CT** Zip Code **06759-2504**

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

Name of Employer **O & G INDUSTRIES** Occupation **SECRETARY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.1424

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KATHLEEN METZ

Mailing Address **COBBLE POND ROAD**
P.O. BOX 728

City **SHARON** State **CT** Zip Code **06069-0728**

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

Name of Employer **SELF** Occupation **INVESTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 06 / 2012

Transaction ID : SA11.1196

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLOTTE B. MILLIGAN

Mailing Address **7945 SOUTH MOUNTAIN OAKS DR**

City **SALT LAKE CITY** State **UT** Zip Code **84121-5941**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 04 / 2012

Transaction ID : SA11.1187

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
NEIL A. MITCHELL

Mailing Address 18 SHINAR MOUNTAIN RD

City State Zip Code
WASHINGTON DEPOT CT 06794-1711

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

Name of Employer Occupation
CREDIT SUISSE BANKING

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2012

Transaction ID : SA11.1318

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANTOINETTE J. MOORE

Mailing Address 389 WHITE DEER ROCK RD

City State Zip Code
MIDDLEBURY CT 06762-1327

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

Name of Employer Occupation
MOORE, O'BRIEN JACQUES & YELENAK MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2012

Transaction ID : SA11.1400

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN W. MOROSANI

Mailing Address 164 WIGWAM ROAD

City State Zip Code
LITCHFIELD CT 06759-3827

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

Name of Employer Occupation
LAUREL RIDGE FARM FARMER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2012

Transaction ID : SA11.1132

Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
JOHN W. MOROSANI

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2012

Transaction ID : SA11.1132B

Amount of Each Receipt this Period
 _____ -300.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION TO PRIMARY**

B. Full Name (Last, First, Middle Initial)
JOHN W. MOROSANI

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2012

Transaction ID : SA11.1142

Amount of Each Receipt this Period
 _____ 300.00

CONTRIBUTION

**[MEMO ITEM]
REDESIGNATION FROM RUNOFF**

C. Full Name (Last, First, Middle Initial)
RETO MOROSANI

Mailing Address 88 WIGWAM ROAD
P.O. BOX 1045

City LITCHFIELD State CT Zip Code 06759-3826

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **483.26**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2012

Transaction ID : SA11.1160

Amount of Each Receipt this Period
 _____ 483.26

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

_____ 483.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
THOMAS C. MORRISON

Mailing Address 222 BELGO RD

City LAKEVILLE State CT Zip Code 06039-1005

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 04 / 2012

Transaction ID : SA11.1186

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KENNETH F. MOUNTCASTLE

Mailing Address 1711 HOLLINDALE DRIVE

City ALEXANDRIA State VA Zip Code 22306-2408

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

Name of Employer AMERICAN HUMANE ASSOC Occupation DEVELOPMENT

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.1411

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LINDA A. MURPHY TAVLARIOS

Mailing Address 15 WRENFIELD LANE

City DARIEN State CT Zip Code 06820-2201

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2012

Transaction ID : SA11.1173

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. VICTOR M. MUSCHELL

Mailing Address 2700 TORRINGFORD STREET

City TORRINGTON State CT Zip Code 06790-2313

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11.1112

Amount of Each Receipt this Period
 CONTRIBUTION **50.00**

B. Full Name (Last, First, Middle Initial)
MRS. MARILYN NARDOZZI

Mailing Address 98 BENTLEY CIR.

City GOSHEN State CT Zip Code 06756-1722

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

Name of Employer JON MANDY CORP Occupation OWNER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11.1123

Amount of Each Receipt this Period
 CONTRIBUTION **200.00**

C. Full Name (Last, First, Middle Initial)
JOHN NELLER

Mailing Address 73 WINDTREE EAST

City TORRINGTON State CT Zip Code 06790-3034

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

Name of Employer DWAN & COMPANY INC. Occupation BEER WHOLESALER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11.1050

Amount of Each Receipt this Period
 CONTRIBUTION **100.00**

SUBTOTAL of Receipts This Page (optional).....

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM H. NICKERSON

Mailing Address 35 QUAIL ROAD

City GREENWICH State CT Zip Code 06831-3322

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

Name of Employer E.A. HOFFMAN Occupation REAL ESTATE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2012

Transaction ID : SA11.1242

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK D. NIELSEN

Mailing Address 3 PARLEY LANE

City RIDGEFIELD State CT Zip Code 06877-4903

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

Name of Employer PRAXAIR Occupation ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1333

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANDREW M. NORTON

Mailing Address 94 WESTCHESTER RD

City COLCHESTER State CT Zip Code 06415-2420

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

Name of Employer STATE OF CONNECTICUT Occupation AGENCY ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11.1109

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
JOAN A. O' BRIEN

Mailing Address 148 NORFOLK RD

City State Zip Code
LITCHFIELD CT 06759-2515

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11.1053

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KATHLEEN O' CONNOR

Mailing Address 30 WESTWOOD ROAD

City State Zip Code
WEST HARTFORD CT 06117-2252

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

Name of Employer Occupation
MCKENNA LONG & ALDRIDGE ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1392

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES P. O'LEARY

Mailing Address 235 HAGEMAN-SHEAN ROAD

City State Zip Code
GOSHEN CT 06756-1104

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 14 / 2012

Transaction ID : SA11.1260

Amount of Each Receipt this Period
50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
PETER HOLMES ONDERDONK

Mailing Address **26 DUDLEY ROAD**

City **LITCHFIELD** State **CT** Zip Code **06759-3108**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2012

Transaction ID : SA11.1137

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS IRENE M. ONEGLIA

Mailing Address **37 TALMADGE LANE**
P.O. BOX 1114

City **LITCHFIELD** State **CT** Zip Code **06759-2418**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11.1047

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RODERIC ONEGLIA

Mailing Address **153 GALLOWS LANE**
P.O. BOX 519

City **LITCHFIELD** State **CT** Zip Code **06759-3918**

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

Name of Employer **BURLINGTON CONSTRUCTION** Occupation **CONTRACTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 12 / 2012

Transaction ID : SA11.1135

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
FREDRICK H. PARKIN JR.

Mailing Address 262 BEACH STREET
P.O. BOX 1461

City LITCHFIELD State CT Zip Code 06759-2328

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11.1043

Amount of Each Receipt this Period
CONTRIBUTION
200.00

B. Full Name (Last, First, Middle Initial)
LEO PAUL JR.

Mailing Address 179 CHESTNUT HILL RD

City LITCHFIELD State CT Zip Code 06759-4132

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

Name of Employer TOWN OF LITCHFIELD Occupation FIRST SELECTMAN

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.1425

Amount of Each Receipt this Period
CONTRIBUTION
250.00

C. Full Name (Last, First, Middle Initial)
SALLY V. PETTUS

Mailing Address 2 MAIN ST

City SHARON State CT Zip Code 06069-2052

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11.1166

Amount of Each Receipt this Period
CONTRIBUTION
250.00

SUBTOTAL of Receipts This Page (optional).....

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
SAMUEL D. PIERSON

Mailing Address 52 HILLCREST RD

City State Zip Code
MANCHESTER CT 06040-7011

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

Name of Employer Occupation
ABAPGT, INC CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 25 / 2012

Transaction ID : SA11.1325

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JULIE M. PORZIO

Mailing Address 34 SOUTHGATE RD

City State Zip Code
WATERBURY CT 06708-3226

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.1283

Amount of Each Receipt this Period
500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STEPHEN RADOCCHIA

Mailing Address 40 GREENSWOOD PLACE

City State Zip Code
SOUTH GLASTONBURY CT 06073-2900

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : SA11.1190

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. G. RICHARD REIS

Mailing Address 119 BRYNMOOR CT

City State Zip Code
GOSHEN CT 06756-2135

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1045

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID BARRETT RICH

Mailing Address 202 FARNUM ROAD

City State Zip Code
LAKEVILLE CT 06039-2509

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SUPPORTIVE HOUSING WORKS HOMELESS PROVIDER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1207

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PHILIP G. SAMPONARO

Mailing Address P.O. BOX 245

City State Zip Code
LITCHFIELD CT 06759-0245

FEC ID number of contributing federal political committee.

Name of Employer Occupation
N/A RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1091

Amount of Each Receipt this Period

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
JOHN D. SANTOLERI

Mailing Address **240 W. SHORE RD**

City **NEW PRESTON** State **CT** Zip Code **06777-1303**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 01 / 2012

Transaction ID : SA11.1181

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SANDRA SANTY

Mailing Address **420 YALE AVE**

City **NEW HAVEN** State **CT** Zip Code **06515-2234**

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

Name of Employer **CT HUMANITIES COUNCIL** Occupation **NON-PROFIT EDUCATION ADMINISTRATION**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SA11.1326

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARY T. SARGENT

Mailing Address **25 COLONY ROAD**

City **WEST HARTFORD** State **CT** Zip Code **06117-2215**

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

Name of Employer **BRALLY, FOSTER & SARGENT** Occupation **MANAGER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 12 / 2012

Transaction ID : SA11.1244

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT C. SCHNURR

Mailing Address **CORNWALL BRIDGE ROAD**
P.O. 787

City **SHARON** State **CT** Zip Code **06068**

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

Name of Employer **PNH** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1233

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SUSAN SCOTT

Mailing Address **45 TANNER HILL RD**

City **NEW PRESTON** State **CT** Zip Code **06777-1118**

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

Name of Employer **SCOTT'S SWIMMING POOLS** Occupation **POOL COMPANY**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 21 / 2012

Transaction ID : SA11.1368

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ALLYN SEYMOUR JR.

Mailing Address **42 WESTWOOD RD**

City **WEST HARTFORD** State **CT** Zip Code **06117-2252**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2012

Transaction ID : SA11.1191

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
ALLYN SEYMOUR JR.

Mailing Address 42 WESTWOOD RD

City WEST HARTFORD State CT Zip Code 06117-2252

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2012

Transaction ID : SA11.1417

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JONATHAN ELY SEYMOUR

Mailing Address 35 LEDYARD ROAD

City WEST HARTFORD State CT Zip Code 06117-1712

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

Name of Employer SELF Occupation REAL ESTATE BROKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11.1218

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS L. SEYMOUR

Mailing Address 62 COLONY ROAD

City WEST HARTFORD State CT Zip Code 06117-2216

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1389

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
TREY L. SINATRO

Mailing Address 12 MIDLANDS DRIVE

City WEST HARTFORD State CT Zip Code 06107-1022

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

Name of Employer SELF Occupation INSURANCE AND REAL ESTATE SALES

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2012

Transaction ID : SA11.1276

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NOEL A. SLOAN

Mailing Address 23 SMITH HILL LANE

City SALISBURY State CT Zip Code 06068

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

Name of Employer BROWN BROTHERS HARRIMAN Occupation PRIVATE BANKER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2012

Transaction ID : SA11.1234

Amount of Each Receipt this Period
 125.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. GAIL P. SPERRY

Mailing Address P.O. BOX 1342

City LITCHFIELD State CT Zip Code 06759-1342

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11.1118

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT J. SWITZGABLE

Mailing Address P.O. BOX 529
178 CAMP WORKMAN RD

City NEW HARTFORD State CT Zip Code 06057-0529

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

Name of Employer Occupation
SKI SUNDOWN INC SKI AREA OPERATOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SA11.1291

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
STEVEN M. TEMKIN

Mailing Address 144 CHESTNUT HILL ROAD

City TORRINGTON State CT Zip Code 06790-4201

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

Name of Employer Occupation
T & M BUILDING HOMEBUILDER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2012

Transaction ID : SA11.1131

Amount of Each Receipt this Period
2000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LILLIAN E. TOBIN

Mailing Address 14 WELDON CT
P. O. BOX 132

City GOSHEN State CT Zip Code 06756-1701

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 21 / 2012

Transaction ID : SA11.1143

Amount of Each Receipt this Period
100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

4600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
ANGELO TOMASSO JR.

Mailing Address 132 ROSLYN DR

City NEW BRITAIN State CT Zip Code 06052-1824

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1343

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOY L. TOMASSO

Mailing Address 132 ROSLYN DR

City NEW BRITAIN State CT Zip Code 06052-1824

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1344

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MICHAEL W. TOMASO

Mailing Address 1 ETON PLACE

City FARMINGTON State CT Zip Code 06032-1546

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

Name of Employer TOMASSO BROTHERS INC Occupation MANAGER

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1341

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
CLIFFORD E. TREIBER

Mailing Address 72 PIE HILL RD

City State Zip Code
GOSHEN CT 06756-2024

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 07 / 2012

Transaction ID : SA11.1102

Amount of Each Receipt this Period
200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARD R. VIETOR

Mailing Address 18 FAIRCHILD ROAD

City State Zip Code
SHARON CT 06069-2437

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2012

Transaction ID : SA11.1206

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DOROTHY R. WALKER

Mailing Address P.O. BOX 739

City State Zip Code
LAKEVILLE CT 06039-0739

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

Name of Employer Occupation
RETIRED N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11.1176

Amount of Each Receipt this Period
200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MICHAEL J. WALSH

Mailing Address 18 PENT RD

City BLOOMFIELD State CT Zip Code 06002-1519

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

Name of Employer MOUHAWSHER AND WALSH Occupation TRIAL ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2012

Transaction ID : SA11.1335

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JULIA WASSERMAN

Mailing Address 113 WALNUT TREE HILL
P.O. BOX 848

City SANDY HOOK State CT Zip Code 06482-1007

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2012

Transaction ID : SA11.1271

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID J. WATSON

Mailing Address 5080 N. 40TH STREET, SUITE 375

City PHOENIX State AZ Zip Code 85018-2190

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2012

Transaction ID : SA11.1295

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1600.00

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

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

FOR LINE NUMBER: PAGE 67 OF 121
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MARK E. WERTHEIM

Mailing Address **787 BAY COLONY DR**

City **NAPLES** State **FL** Zip Code **34108**

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

Name of Employer **SELF EMPLOYED** Occupation **BUSINESS**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1222

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WENDELL L. WILLKIE II

Mailing Address **155 CHRISTIE HILL RD**

City **DARIEN** State **CT** Zip Code **06820-3017**

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

Name of Employer **MEAD WESTVACO** Occupation **SVP & GC**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 20 / 2012

Transaction ID : SA11.1282

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID R. WILSON

Mailing Address **552 MILTON RD**

City **LITCHFIELD** State **CT** Zip Code **06759-2013**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 11 / 2012

Transaction ID : SA11.1221

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
JULIE G. ZYLA

Mailing Address **30 HICKORY LANE**

City **WEST HARTFORD** State **CT** Zip Code **06107-1134**

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

Name of Employer **CIGNA** Occupation **MARKETING COMMUNICATIONS DIRECTOR**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 18 / 2012

Transaction ID : SA11.1299

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SALISBURY SQUARE, LLC

Mailing Address **PO BOX 199**

City **SALISBURY** State **CT** Zip Code **06068-0199**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.1431

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

LLC OWNED BY MARIE E. LAROCHE

C. Full Name (Last, First, Middle Initial)
SALISBURY SQUARE, LLC

Mailing Address **PO BOX 199**

City **SALISBURY** State **CT** Zip Code **06068-0199**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 26 / 2012

Transaction ID : SA11.1432

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

LLC OWNED BY MARIE E. LAROCHE

SUBTOTAL of Receipts This Page (optional).....

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

5250.00

95851.42

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 121
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
CLARK FOR CONGRESS

Mailing Address P.O. BOX 1314

City FARMINGTON State CT Zip Code 06034-1314

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11.1385

Amount of Each Receipt this Period
2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONN. AUTO RECYCLES, P.A.C.

Mailing Address 53 ROBETH LANE

City WETHERSFIELD State CT Zip Code 06109-3552

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2012

Transaction ID : SA11.1365

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WSWC-FEDERAL PAC

Mailing Address 132 TEMPLE ST

City NEW HAVEN State CT Zip Code 06510-2625

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2012

Transaction ID : SA11.1401

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

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

2600.00

2600.00

**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 OF 121			
	<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. Ross Brennan		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 188.70
City Litchfield	State CT Zip Code	
Purpose of Disbursement payroll	Category/Type 001	Transaction ID : 331
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. Ross Brennan		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 359.40
City Litchfield	State CT Zip Code	
Purpose of Disbursement payroll	Category/Type 001	Transaction ID : 332
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. Ross Brennan		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 359.40
City Litchfield	State CT Zip Code	
Purpose of Disbursement payroll	Category/Type 001	Transaction ID : 3321
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).....	907.50
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 71 OF 121			
	<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. Ross Brennan		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 39.85
City Litchfield	State CT	
Purpose of Disbursement reimbursement mileage	Category/Type 002	Transaction ID : 346
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. Kelly Calaza		Date of Disbursement MM / DD / YYYY 05 / 18 / 2012
Mailing Address 16 Eliabeth Road		Amount of Each Disbursement this Period 257.90
City Farmington	State CT	
Purpose of Disbursement Convention expense Balloons	Category/Type 007	Transaction ID : 251
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. MaryAnne Carson		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 39 Fleetwood Road		Amount of Each Disbursement this Period 52.00
City New Fairfield	State CT	
Purpose of Disbursement Reimbursement -voter list	Category/Type 001	Transaction ID : 353
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).....	349.75
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 72 OF 121	
	<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. Amy DeGraft		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address Stoner Drive		Amount of Each Disbursement this Period 72.00
City West Hartford	State CT	
Zip Code 06107-1308	Purpose of Disbursement Tickets to Rock Cat	Transaction ID : 2641
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) B. Marc Dillion		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address Park Ave		Amount of Each Disbursement this Period 6000.00
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement Campaign Consultant	Transaction ID : 238
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. Marc Dillion		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address Park Ave		Amount of Each Disbursement this Period 6000.00
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement Campaign Consultant	Transaction ID : 357
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).....	12072.00
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 73 OF 121			
	<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. Chris DuPont			Date of Disbursement MM / DD / YYYY 04 / 30 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.58	
City Watertown	State CT	Zip Code 06795	Transaction ID : 220	
Purpose of Disbursement Payroll		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. Chris DuPont			Date of Disbursement MM / DD / YYYY 05 / 15 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.58	
City Watertown	State CT	Zip Code 06795	Transaction ID : 236	
Purpose of Disbursement		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. Chris DuPont			Date of Disbursement MM / DD / YYYY 05 / 25 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 200.00	
City Watertown	State CT	Zip Code 06795	Transaction ID : 2591	
Purpose of Disbursement Reimbursement campaign event dinner		Category/ Type 001	[MEMO ITEM] 4 tickets	
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).....	2301.16
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 74 OF 121			
	<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. Chris DuPont		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58 Transaction ID : 275
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement payroll	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. Chris DuPont		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 121.27 Transaction ID : 277
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Reimbursement mileage	Category/ Type 002
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. Chris DuPont		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 145.41 Transaction ID : 281
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement reimbursement office supplies	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:	

SUBTOTAL of Disbursements This Page (optional).....	1417.26
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 75 OF 121		
	<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. Chris DuPont		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.28 Transaction ID : 295
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Payroll	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. Chris DuPont		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 75.79 Transaction ID : 355
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Reimbursement Food	Category/ Type 007
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. Chris DuPont		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58 Transaction ID : 3661
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Payroll	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:	

SUBTOTAL of Disbursements This Page (optional).....	2376.65
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 76 OF 121			
	<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. Ryan Fredrikson		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2011
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 188.70
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement payroll	Transaction ID : 333
Candidate Name	001 Category/ Type	
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. Ryan Fredrikson		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 359.40
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement payroll	Transaction ID : 334
Candidate Name	001 Category/ Type	
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. Ryan Fredrikson		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 9.90
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Reimbursement mileage	Transaction ID : 344
Candidate Name	002 Category/ Type	
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).....	558.00
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 77 OF 121			
	<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. Ryan Fredrikson		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 25.00
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Reimbursement Lunch Coordinator	Transaction ID : 345
Candidate Name	001 Category/ Type	
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. Robert Kane		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00
City Watertown	State CT	
Zip Code	Purpose of Disbursement Campaign Manager	Transaction ID : 301
Candidate Name	001 Category/ Type	
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. Robert Kane		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00
City Watertown	State CT	
Zip Code	Purpose of Disbursement Campaign Manager	Transaction ID : 311
Candidate Name	001 Category/ Type	
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).....	2025.00
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 78 OF 121			
	<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. Robert Kane		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : 350
City Watertown	State CT	
Purpose of Disbursement Campaign Manager	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. Robert O Kane		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 348.69 Transaction ID : 347
City Watertown	State CT	
Purpose of Disbursement Reimbursement Food Entertainment	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. Andrew Lautz		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 105.45 Transaction ID : 258
City Litchfield	State CT	
Purpose of Disbursement reimbursement mileage	Category/ Type 002	
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).....	1454.14
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 79 OF 121			
	<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. Andrew Lautz		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 382.24
City Litchfield	State CT	
Purpose of Disbursement Reimbursement copies	Category/ Type 001	Transaction ID : 259
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. Andrew Lautz		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 754.00
City Litchfield	State CT	
Purpose of Disbursement payroll	Category/ Type 001	Transaction ID : 280
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. Andrew Lautz		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 754.80
City Litchfield	State CT	
Purpose of Disbursement payroll	Category/ Type 001	Transaction ID : 294
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).....	1891.04
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 80 OF 121		
	<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. Andrew Lautz		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 316.03 Transaction ID : 343
City Litchfield	State CT	
Purpose of Disbursement Reimbursement mileage	Category/ Type 002	
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. Conor Maloney		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 32 Longview Road		Amount of Each Disbursement this Period 66.00 Transaction ID : 351
City Avon	State CT	
Purpose of Disbursement Reimbursement Mileage	Category/ Type 002	
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. Anna-Elysapeth McGuire		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 49 ALLYNDAL ROAD		Amount of Each Disbursement this Period 1123.00 Transaction ID : 221
City CANAAN	State CT	
Purpose of Disbursement payroll	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:		

SUBTOTAL of Disbursements This Page (optional).....	1505.03
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 81 OF 121			
	<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. Anna-Elysapeth McGuire		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 Transaction ID : 237
City CANAAN	State CT	
Purpose of Disbursement payroll		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. Anna-Elysapeth McGuire		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 825.00 Transaction ID : 240 [MEMO ITEM] \$400 Mileage Reimbursement \$425 Furniture for office
City CANAAN	State CT	
Purpose of Disbursement Reimbursement mileage & Office Furniture		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. Anna-Elysapeth McGuire		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 Transaction ID : 279
City CANAAN	State CT	
Purpose of Disbursement payroll		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:		

SUBTOTAL of Disbursements This Page (optional).....	2246.00
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 82 OF 121		
	<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. Anna-Elysapeth McGuire		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00
City CANAAN	State CT	Zip Code 06018
Purpose of Disbursement payroll	Category/ Type 001	
Candidate Name	Transaction ID : 296	
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. Anna-Elysapeth McGuire		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00
City CANAAN	State CT	Zip Code 06018
Purpose of Disbursement payroll	Category/ Type 001	
Candidate Name	Transaction ID : 338	
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. Reto Morosani		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012
Mailing Address 88 Wigwam Street		Amount of Each Disbursement this Period 483.27
City Litchfield	State CT	Zip Code 06759
Purpose of Disbursement Disbursement of inkind contribution	Category/ Type 003	
Candidate Name	Transaction ID : 121	
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).....	2729.27
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 83 OF 121			
	<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. Mike Wilson		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address		Amount of Each Disbursement this Period 200.00
City West Hartford	State CT	
Zip Code 06117	Purpose of Disbursement Musician	Transaction ID : 199
Candidate Name	Category/ Type 003	
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. U.S. Postmaster Torrington		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 185 Elm Street		Amount of Each Disbursement this Period 490.00
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement	Transaction ID : 290
Candidate Name	Category/ Type	
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. Alfredo's		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 44.35
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Food Volunteer	Transaction ID : 101
Candidate Name	Category/ Type 007	
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 checked="" type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	734.35
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 84 OF 121	
	<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. Align Media LLC		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 921 Cavalry Ride Trail		Amount of Each Disbursement this Period \$ 1650.00 Transaction ID : 310
City AUSTIN State TX Zip Code 78732	Purpose of Disbursement Web Support Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period \$ 554.86 Transaction ID : 256
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. American Copy		Date of Disbursement MM / DD / YYYY 05 / 22 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period \$ 554.86 Transaction ID : 256
City Waterbury State CT Zip Code 06703	Purpose of Disbursement copier fees Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period \$ 395.61 Transaction ID : 362
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. American Copy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period \$ 395.61 Transaction ID : 362
City Waterbury State CT Zip Code 06703	Purpose of Disbursement Parts and Labor Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period \$ 2600.47
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	\$ 2600.47
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 85 OF 121			
	<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 MM / DD / YYYY 06 / 29 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 159.53 Transaction ID : 363
City Waterbury	State CT	
Zip Code 06703	Purpose of Disbursement copier monthly 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. Apricots		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address 1593 Farmington Ave.		Amount of Each Disbursement this Period 2652.10 Transaction ID : 342
City Farmington	State CT	
Zip Code 06032	Purpose of Disbursement Fundraiser	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) C. ATT		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address P.O box 5082		Amount of Each Disbursement this Period 145.79 Transaction ID : 264
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone	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:	

SUBTOTAL of Disbursements This Page (optional).....	2957.42
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 86 OF 121		
	<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. ATT Mobility		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 293.81 Transaction ID : 319
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement Wireless phone	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. ATT Mobility		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 341.77 Transaction ID : 361
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement Wireless phones	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. ATT U-Verse		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 60.00 Transaction ID : 262
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Wireless network	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:	

SUBTOTAL of Disbursements This Page (optional).....	695.58
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 87 OF 121			
	<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. ATT U-Verse		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 2012 100.00 Transaction ID : 320
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Wireless Network deposit - 47 Water St	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. biDesigns LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 64 Humphrey Street		Amount of Each Disbursement this Period 2012 2073.83 Transaction ID : 366
City Seymour	State CT	
Zip Code 06483	Purpose of Disbursement	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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 2012 800.00 Transaction ID : 260
City Falls Church	State CT	
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).....	2973.83
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 88 OF 121		
	<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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 800.00
City Falls Church	State CT	
Zip Code 22043	Purpose of Disbursement	Transaction ID : 359
Candidate Name	003 Category/Type	
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. Commission of Revenue Services - CT		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement CT Withholding	Transaction ID : 103
Candidate Name	001 Category/Type	
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. Commission of Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement CT Withholding	Transaction ID : 104
Candidate Name	001 Category/Type	
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).....	958.42
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 89 OF 121		
	<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. Commission of Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement CT Withholding	Transaction ID : 105
Candidate Name	001 Category/ Type	
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. Commission of Revenue Services		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement CT Withholding	Transaction ID : 106
Candidate Name	001 Category/ Type	
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. Commission of Revenue Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement CT withholding	Transaction ID : 107
Candidate Name	001 Category/ Type	
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).....	237.63
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 90 OF 121			
	<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 06 / 29 / 2012
Mailing Address P.O. Box 150493		Amount of Each Disbursement this Period 66.87
City Hartford	State CT	
Zip Code 06115	Purpose of Disbursement Utilities	Transaction ID : 358
Candidate Name	001 Category/ Type	
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. Connecticut Light and Power		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. Box 150493		Amount of Each Disbursement this Period 92.80
City Hartford	State CT	
Zip Code 06115	Purpose of Disbursement Utilities	Transaction ID : 261
Candidate Name	001 Category/ Type	
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. CT Department of Labor		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 2940		Amount of Each Disbursement this Period 629.17
City Hartford	State CT	
Zip Code 06104	Purpose of Disbursement Payroll Taxes	Transaction ID : 360
Candidate Name	001 Category/ Type	
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).....	788.84
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 91 OF 121			
	<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. Cutie Pies		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 131 Main Street Suite105A		Amount of Each Disbursement this Period 525.00
City Thomaston State CT Zip Code 06787	Purpose of Disbursement Food 001 Category/Type	
Candidate Name		Transaction ID : 244 convention bag
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Cutie Pies		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 131 Main Street Suite 105A		Amount of Each Disbursement this Period 24.00
City Thomaston State CT Zip Code 06787	Purpose of Disbursement Food 007 Category/Type	
Candidate Name		Transaction ID : 245
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. DJ International		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 262 Tucker Ave. EXT		Amount of Each Disbursement this Period 400.00
City Oakville State CT Zip Code 06779	Purpose of Disbursement Food 001 Category/Type	
Candidate Name		Transaction ID : 282
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	949.00
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 92 OF 121			
	<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. Greater Danbury Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 325 East Jimmie Leeds Rd Suite 117		Amount of Each Disbursement this Period 9577.25 Transaction ID : 388
City Galloway State NJ Zip Code 08205	Purpose of Disbursement Event June Luncheon 001 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) B. Greenwood Counseling		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 25 South Street P.O Box 1549		Amount of Each Disbursement this Period 125.00 Transaction ID : 326
City Litchfield State CT Zip Code 06759	Purpose of Disbursement Event Admission 001 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. Hartford Marriott Downtown		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2012
Mailing Address 200 Columbus Ave		Amount of Each Disbursement this Period 9322.25 Transaction ID : 252
City Hartford State CT Zip Code 06103	Purpose of Disbursement Convention Reception & Rooms 007 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).....	9577.25
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 93 OF 121			
	<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. Hartford Marriott Downtown			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012		
Mailing Address 200 Columbus Ave			Amount of Each Disbursement this Period 114.39		
City Hartford	State CT	Zip Code 06103	Transaction ID : 257		
Purpose of Disbursement Convention expense		007 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. IRS			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012		
Mailing Address			Amount of Each Disbursement this Period 428.41		
City Andover	State MA	Zip Code 05501	Transaction ID : 108		
Purpose of Disbursement Payroll Liabilities		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. IRS			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012		
Mailing Address			Amount of Each Disbursement this Period 661.41		
City Andover	State MA	Zip Code 05501	Transaction ID : 109		
Purpose of Disbursement payroll liabilities		001 Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Disbursements This Page (optional).....	1204.21
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 94 OF 121			
	<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)		Date of Disbursement	
A. IRS		M M / D D / Y Y Y Y 05 / 16 / 2012	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code Andover MA 05501		661.41	
Purpose of Disbursement Payroll liabilities		Transaction ID : 110	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. IRS		M M / D D / Y Y Y Y 05 / 30 / 2012	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code Andover MA 05501		722.61	
Purpose of Disbursement payroll Liabilities		Transaction ID : 111	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. IRS		M M / D D / Y Y Y Y 06 / 13 / 2012	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code Andover MA 05501		722.61	
Purpose of Disbursement payroll liabilities		Transaction ID : 112	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	2106.63
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 95 OF 121		
	<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. IRS		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address		Amount of Each Disbursement this Period 918.21
City Andover	State MA	
Zip Code 05501	Purpose of Disbursement payroll Liabilites	Transaction ID : 113
Candidate Name	001 Category/ Type	
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. Kartele		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 511 Wolcott Ave		Amount of Each Disbursement this Period 776.33
City Waterbury	State CT	
Zip Code 06705	Purpose of Disbursement Ipad	Transaction ID : 349
Candidate Name	001 Category/ Type	
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. Litchfield County Promotions		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 1353.82
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Hostess gifts	Transaction ID : 313
Candidate Name	003 Category/ Type	
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).....	3048.36
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 96 OF 121			
	<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. Litchfield County Promotions		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 47.15
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Re Cal sales taxes	Transaction ID : 367
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) B. Litchfield County Promotions		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 846.45
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Jar Grips	Transaction ID : 368
Candidate Name	Category/Type 006	
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. Middlebury Bee - Intelligner		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 10		Amount of Each Disbursement this Period 200.00
City Middlebury	State CT	
Zip Code 06762	Purpose of Disbursement Ad	Transaction ID : 352
Candidate Name	Category/Type 004	
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).....	1093.60
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 97 OF 121			
	<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. National Research		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 146 State Highway 34 Suite 250		Amount of Each Disbursement this Period 10000.00
City Holmdel	State NJ	Zip Code 07733
Purpose of Disbursement Polling	Category/ Type 005	
Candidate Name	Transaction ID : 298	
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. Northwest CT Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address Kennedy Drive		Amount of Each Disbursement this Period 50.00
City Torrington	State CT	Zip Code 06790
Purpose of Disbursement Chamber of Commerce event	Category/ Type 007	
Candidate Name	Transaction ID : 303	
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. Officer's Club of Connecticut		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address National Guard Army 360 Broad Street		Amount of Each Disbursement this Period 494.60
City Hartford	State CT	Zip Code 06105-3713
Purpose of Disbursement Fundraiser Food/Drinks	Category/ Type 003	
Candidate Name	Transaction ID : 340	
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).....	10544.60
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 98 OF 121			
	<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. PierceZappi		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST		Amount of Each Disbursement this Period 266.69
City FAIRFIELD State CT Zip Code 06825	Purpose of Disbursement reimbursement of Fundraising Supplies	
Candidate Name		Category/Type 003
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)	Transaction ID : 126
State: District:		

Full Name (Last, First, Middle Initial) B. PierceZappi		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST		Amount of Each Disbursement this Period 7000.00
City FAIRFIELD State CT Zip Code 06825	Purpose of Disbursement Fundraising Consultant	
Candidate Name		Category/Type 003
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)	Transaction ID : 248
State: District:		

Full Name (Last, First, Middle Initial) c. PierceZappi		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST		Amount of Each Disbursement this Period 7266.69
City FAIRFIELD State CT Zip Code 06825	Purpose of Disbursement Fundraising consultant	
Candidate Name		Category/Type 003
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)	Transaction ID : 323
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14533.38
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 99 OF 121			
	<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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card charge back fee	003 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) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card charge back Fee	003 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. Piryx		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 210.08
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Fees	003 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).....	268.08
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 100 OF 121			
	<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. Piryx		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 340.89
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Fees	Transaction ID : 128
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) B. Pound Feinstein & Associates		Date of Disbursement MM / DD / YYYY 05 / 22 / 2012
Mailing Address 700 East Main Street		Amount of Each Disbursement this Period 621.25
City Richmond	State VA	
Zip Code	Purpose of Disbursement Development of Brochure	Transaction ID : 255
Candidate Name	Category/ Type 006	
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. Quill		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period 165.93
City Philadelphia	State PA	
Zip Code 19101	Purpose of Disbursement copier paper and ink	Transaction ID : 263
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).....	1128.07
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 101 OF 121			
	<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. Quill		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period 264.54 Transaction ID : 364
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Notebooks	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. Quill		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period 264.54 Transaction ID : 391
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Notebooks	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. Register Citizen		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 59 Field Street		Amount of Each Disbursement this Period 371.04 Transaction ID : 389
City Torrington	State CT Zip Code	
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:		

SUBTOTAL of Disbursements This Page (optional).....	900.12
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 102 OF 121	
	<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. Scoville Plumbing and Heating		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 311 South Main Street		Amount of Each Disbursement this Period 310.00 Transaction ID : 365
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Install Air Conditioner	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. Shirt Bakery		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 75 Commercial Street		Amount of Each Disbursement this Period 381.75 Transaction ID : 246
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Shirts	Category/ Type 007
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. Shirt Bakery		Date of Disbursement MM / DD / YYYY 06 / 08 / 2012
Mailing Address 75 Commercial Street		Amount of Each Disbursement this Period 60.00 Transaction ID : 293
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Shirt	Category/ Type 007
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).....	751.75
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 103 OF 121			
	<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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Printing envelopes	Transaction ID : 127
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) B. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1409.09
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Brochures	Transaction ID : 130
Candidate Name	Category/Type 006	
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. Sir Speedy		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 145.00
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Invites	Transaction ID : 265
Candidate Name	Category/Type 003	
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).....	1849.55
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 104 OF 121			
	<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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 50.37 Transaction ID : 266
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Blank Stock paper	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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 113.94 Transaction ID : 267
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Invitation	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) c. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 97.33 Transaction ID : 269
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Blank Invitation stock	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).....	261.64
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 105 OF 121			
	<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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 145.37 Transaction ID : 270
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Fundraising Invitation	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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1402.50 Transaction ID : 272
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Tote Bags	Category/ Type 006
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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 29.72 Transaction ID : 273
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement paper	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:	

SUBTOTAL of Disbursements This Page (optional).....	1577.59
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 106 OF 121			
	<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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 04 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 6655.02
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing - Invitations , Brochures	Transaction ID : 285
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) B. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 304.70
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing letterhead	Transaction ID : 300
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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 481.61
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Letterhead	Transaction ID : 316
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).....	7441.33
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 107 OF 121			
	<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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 971.70
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Brochure	Transaction ID : 317
Candidate Name	006 Category/ Type	
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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 91.41
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Signs	Transaction ID : 369
Candidate Name	006 Category/ Type	
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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 732.01
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Bumperstickers	Transaction ID : 370
Candidate Name	006 Category/ Type	
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).....	1795.12
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 108 OF 121			
	<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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 395.81 Transaction ID : 371
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Invitation	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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 451.13 Transaction ID : 372
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing envelopes	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. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 971.70 Transaction ID : 374
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Letterhead and Envelopes	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:	

SUBTOTAL of Disbursements This Page (optional).....	1818.64
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 109 OF 121			
	<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. sir speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46 Transaction ID : 375
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement POSTCARDS	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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 481.61 Transaction ID : 376
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement remittance Envelopes	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) c. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 121.72 Transaction ID : 377
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement invites	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).....	898.79
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 110 OF 121	
	<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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 110.92
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Envelopes	Transaction ID : 380
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) B. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Envelopes Response	Transaction ID : 381
Candidate Name	Category/ Type 003	
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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 105.69
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Response Card	Transaction ID : 383
Candidate Name	Category/ Type 003	
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).....	512.07
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 111 OF 121			
	<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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 237.31 Transaction ID : 384
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement envelopes	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. Sir Speedy		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1457.81 Transaction ID : 385
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing and mailing letter	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) c. Staples		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 48.18 Transaction ID : 235
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	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:	

SUBTOTAL of Disbursements This Page (optional).....	1743.30
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 112 OF 121			
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 266.52 Transaction ID : 247
City Torrington State CT Zip Code 06790	Purpose of Disbursement office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 266.52 Transaction ID : 253
City Torrington State CT Zip Code 06790	Purpose of Disbursement office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 266.52 Transaction ID : 2531
City Torrington State CT Zip Code 06790	Purpose of Disbursement office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	714.03
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 113 OF 121			
	<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. Staples		Date of Disbursement MM / DD / YYYY 05 / 22 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 124.43 Transaction ID : 254
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	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. Staples		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 93.62 Transaction ID : 2551
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	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. Staples		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 264.90 Transaction ID : 288
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Office Supplies	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:	

SUBTOTAL of Disbursements This Page (optional).....	482.95
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 114 OF 121			
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 201.24
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	Transaction ID : 289
Candidate Name	001 Category/ Type	
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 145.53
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	Transaction ID : 297
Candidate Name	001 Category/ Type	
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 695.49
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement computer	Transaction ID : 305
Candidate Name	001 Category/ Type	
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).....	1042.26
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 115 OF 121	
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 61.92
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	Transaction ID : 308
Candidate Name	001 Category/ Type	
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 94.86
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	Transaction ID : 321
Candidate Name	001 Category/ Type	
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 63.79
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	Transaction ID : 327
Candidate Name	001 Category/ Type	
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).....	220.57
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 116 OF 121	
	<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

A. State of CT Emergency Department

Full Name (Last, First, Middle Initial)
Mailing Address 1111 Country Club road

City Middletown State CT Zip Code 06457

Purpose of Disbursement State Trooper

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 03 / 2012

Amount of Each Disbursement this Period: 396.50

Transaction ID : 232

Category/Type: 003

B. Tangarone and Prelli

Full Name (Last, First, Middle Initial)
Mailing Address 19 Rowley STreet

City Winsted State CT Zip Code 06098

Purpose of Disbursement insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 06 / 2012

Amount of Each Disbursement this Period: 967.00

Transaction ID : 231

Category/Type: 001

c. The Litchfield Inn

Full Name (Last, First, Middle Initial)
Mailing Address Rte 202

City Litchfield State CT Zip Code

Purpose of Disbursement Deposit

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 15 / 2012

Amount of Each Disbursement this Period: 100.00

Transaction ID : 306

Category/Type: 007

SUBTOTAL of Disbursements This Page (optional) 1463.50

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 117 OF 121			
	<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. The Litchfield Inn		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address Rte 202		Amount of Each Disbursement this Period 202.16
City Litchfield	State CT	
Purpose of Disbursement Food	Category/ Type 007	Transaction ID : 325
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. Torrington Downtown Partners		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00
City Torrington	State CT	
Purpose of Disbursement Rent	Category/ Type 001	Transaction ID : 233
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. Torrington Downtown Partners		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00
City Torrington	State CT	
Purpose of Disbursement Rent	Category/ Type 001	Transaction ID : 286
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).....	2172.16
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 118 OF 121	
	<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. US Postmaster Waterbury		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address 135 Grand Street		Amount of Each Disbursement this Period 341.07 Transaction ID : 242
City Waterbury	State CT	
Purpose of Disbursement postage	Zip Code	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. US Postmaster		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 675.00 Transaction ID : 2421
City TORRINGTON	State CT	
Purpose of Disbursement postage	Zip Code 06790	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. US Postmaster		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 490.00 Transaction ID : 2901
City TORRINGTON	State CT	
Purpose of Disbursement postage	Zip Code 06790	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:		

SUBTOTAL of Disbursements This Page (optional).....	1506.07
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 119 OF 121			
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 450.00 Transaction ID : 304
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement POSTAGE	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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 450.00 Transaction ID : 322
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement Postage	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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	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).....	900.00
TOTAL This Period (last page this line number only).....	116283.96

**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 120 OF 121	
	<input type="checkbox"/> 17 20a	<input checked="" 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. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address RTE 202		Amount of Each Disbursement this Period 55.82
City New Hartford	State CT	
Purpose of Disbursement Wood, Keys	Category/ Type 001	Transaction ID : 291
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. Home Depot		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address RTE 202		Amount of Each Disbursement this Period 445.61
City New Hartford	State CT	
Purpose of Disbursement air conditioner	Category/ Type 001	Transaction ID : 307
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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).....	501.43
TOTAL This Period (last page this line number only).....	501.43

**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 121 OF 121			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. Marana Brooks		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 88 Wigwam Road		Amount of Each Disbursement this Period 483.26
City Litchfield	State CT Zip Code 06759	
Purpose of Disbursement disbursement of in kind contribution	Category/Type 003	Transaction ID : 120
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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).....	483.26
TOTAL This Period (last page this line number only).....	483.26