

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))....	36254.71	572880.21
(b) Total Contribution Refunds (from Line 20(d))	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36054.71	572680.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	146700.66	416933.00
(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)).....	146700.66	416933.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	148247.21	
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).....	29969.71	506356.41
(ii) Unitemized.....	6285.00	63923.80
(iii) TOTAL of contributions from individuals ▶	36254.71	570280.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36254.71	572880.21
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)..... ▶	36254.71	572880.21

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	146700.66	416933.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(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)).....	200.00	200.00
21. OTHER DISBURSEMENTS	0.00	7500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	146900.66	424633.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	258893.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36254.71
25. SUBTOTAL (add Line 23 and Line 24).....	295147.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	146900.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	148247.21

**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 5 OF 66
	<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	

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)
MR. DIRCK BARHYDT JR.

Mailing Address 115 SHELDON LN

City State Zip Code
LITCHFIELD CT 06759-3422

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SALISBURY SCHOOL ADMINISTRATOR

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1521

Amount of Each Receipt this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS P. BARRON

Mailing Address 103 ALBERT ST

City State Zip Code
TORRINGTON CT 06790-6404

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED CPA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1567

Amount of Each Receipt this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CLAUDETTE R. BONETTI

Mailing Address 600 TORRINGFORD EAST

City State Zip Code
TORRINGTON CT 06790-4183

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.1545

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: PAGE 6 OF 66
(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)
MS. MARANA L. BROOKS

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 **SELF** Occupation **FARMER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2733.27

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 10 / 2012

Transaction ID : SA11.1454

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. BONNIE E. BURR

Mailing Address **27 DINGLE BROOK ROAD**
P.O. BOX 734

City **HAWLEYVILLE** State **CT** Zip Code **06440-0734**

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

Name of Employer **UCONN** Occupation **ASSISTANT DIRECTOR**

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
07 / 18 / 2012

Transaction ID : SA11.1509

Amount of Each Receipt this Period
50.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANN M. CADY

Mailing Address **19 GOLDEN HARVEST RD**

City **ROXBURY** State **CT** Zip Code **06783-1608**

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : SA11.1530

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

800.00

**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 66
	<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)
CHRISTOPHER B. CLOW

Mailing Address **P.O. BOX 877**

City **SHARON** State **CT** Zip Code **06069-0877**

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

Name of Employer **SELF** Occupation **FARMER**

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
07 / 08 / 2012

Transaction ID : SA11.1438

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

Mailing Address **145 BRITE AVE**

City **SCARSDALE** State **NY** Zip Code **10583-1426**

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

Name of Employer **THE WALDEN GROUP** Occupation **INVESTMENTS**

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
07 / 16 / 2012

Transaction ID : SA11.1544

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GENE COOKE III

Mailing Address **455 WARDS CORNER RD
SUITE 100**

City **LOVELAND** State **OH** Zip Code **45140-9062**

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

Name of Employer **COLD JET** Occupation **PRESIDENT**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.1504

Amount of Each Receipt this Period
780.00
 CONTRIBUTION

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

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

1330.00

**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 66
	<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)
GEORGE J. D'ANGELO II

Mailing Address 388 E HYERDALE DR

City State Zip Code
GOSHEN CT 06756-2102

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

Name of Employer Occupation
VEA PRINCIPAL

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
07 / 16 / 2012

Transaction ID : SA11.1548

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARJORIE T. DAVIDSON

Mailing Address 19 COVE RD

City State Zip Code
BROOKFIELD CT 06804-1301

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

Name of Employer Occupation
TOWN OF BROOKFIELD FIRST SELECTMAN

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
07 / 05 / 2012

Transaction ID : SA11.1449

Amount of Each Receipt this Period
200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CAROL DEGENER

Mailing Address 155 EAST 73RD STREET, APT.3B

City State Zip Code
NEW YORK NY 10021-9101

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

Name of Employer Occupation
FRANKLIN TEMPLETON ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

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

Transaction ID : SA11.1436

Amount of Each Receipt this Period
25.00
CONTRIBUTION

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

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

1225.00

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

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

FOR LINE NUMBER: PAGE 9 OF 66
(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)
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
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : SA11.1508

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. 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
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : SA11.1508B

Amount of Each Receipt this Period
 -1000.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION TO GENERAL

C. 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
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : SA11.1572

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

[MEMO ITEM]
REDESIGNATION FROM PRIMARY

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 10 OF 66
	<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)
DR. DAVID K. EMMEL

Mailing Address **28 HENDERSON DR**

City **AVON** State **CT** Zip Code **06001-2805**

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

Name of Employer **SELF EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
07 / 18 / 2012

Transaction ID : SA11.1511

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LAWRENCE F. FIANO

Mailing Address **266 BOSTON TURNPIKE**

City **BOLTON** State **CT** Zip Code **06043-7204**

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

Name of Employer **SELF EMPLOYED** Occupation **HOME BUILDER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
709.57

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11.1564

Amount of Each Receipt this Period
150.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAWRENCE F. FIANO

Mailing Address **266 BOSTON TURNPIKE**

City **BOLTON** State **CT** Zip Code **06043-7204**

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

Name of Employer **SELF EMPLOYED** Occupation **HOME BUILDER**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
709.57

Date of Receipt
 M M / D D / Y Y Y Y
07 / 25 / 2012

Transaction ID : SA11.1566

Amount of Each Receipt this Period
559.57
 CONTRIBUTION

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

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

959.57

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

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

FOR LINE NUMBER: PAGE 11 OF 66
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
WALTER M. FIEDEROWICZ

Mailing Address 102 NORTH STREET
P.O. BOX 939

City LITCHFIELD State CT Zip Code 06759-2504

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

Name of Employer SELF Occupation INVESTING

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
 07 / 09 / 2012

Transaction ID : SA11.1468

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THOMAS M. FITZGERALD III

Mailing Address 765 PARK AVE

City NEW YORK State NY Zip Code 10021-4254

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

Name of Employer LONGBOW CAPITAL PARTNERS Occupation INVESTMENTS

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
 07 / 18 / 2012

Transaction ID : SA11.1513

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 96 WELLSFORD DR.

City GOSHEN State CT Zip Code 06756-1816

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

Name of Employer ALLIANCE BERNSTEIN Occupation FINANCIAL ADVISOR

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
 07 / 09 / 2012

Transaction ID : SA11.1469

Amount of Each Receipt this Period
 500.00
 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: PAGE 12 OF 66
(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)
DR. JOHN P. FULKERSON

Mailing Address 176 CLARK RD

City State Zip Code
LITCHFIELD CT 06759-2822

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

Name of Employer Occupation
ORTHOPEDIC ASSOCIATION OF HARTFORD SURGEON

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
 07 / 09 / 2012

Transaction ID : SA11.1470

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TERESA KEMMER GALLUCCIO

Mailing Address 9 KNOLLWOOD DR

City State Zip Code
GREENWICH CT 06830-4756

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

Name of Employer Occupation
RETIRED HOMEMAKER

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
 07 / 16 / 2012

Transaction ID : SA11.1542

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROSS GARBER

Mailing Address 38 RED HILL DR

City State Zip Code
GLASTONBURY CT 06033-3135

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

Name of Employer Occupation
SHIPMAN & GOODWIN 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
 07 / 16 / 2012

Transaction ID : SA11.1491

Amount of Each Receipt this Period
 500.00
 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 13 OF 66
	<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 D. GREEN

Mailing Address 117 W. HYERDALE DRIVE

City State Zip Code
GOSHEN CT 06756-1700

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
4500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.1547

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PATTI M. HIMES

Mailing Address 401 N ATLANTIC AVE
APT 606

City State Zip Code
NEW SMYRNA FL 32169-2566

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
07 / 16 / 2012

Transaction ID : SA11.1538

Amount of Each Receipt this Period
250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
I. BRADLEY HOFFMAN

Mailing Address P.O. BOX 280952

City State Zip Code
EAST HARTFORD CT 06128-0952

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

Name of Employer Occupation
HOFFMAN AUTO GROUP AUTOMOBILE DEALER

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
07 / 05 / 2012

Transaction ID : SA11.1444

Amount of Each Receipt this Period
1000.00
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: (check only one)	PAGE 14 OF 66
	<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. B. THEODORE JACOBS

Mailing Address 30 FERNBROOK

City WEST HARTFORD State CT Zip Code 06107-1612

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

Name of Employer SELF Occupation CPA

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
 07 / 05 / 2012

Transaction ID : SA11.1448

Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
THEODORE H. JOHNSON

Mailing Address 141 S. MOUNTAIN DR

City NEW BRITAIN State CT Zip Code 06052-1511

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 19 / 2012

Transaction ID : SA11.1515

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PAUL J. KNIERIM

Mailing Address 97 HEDGEHOG LANE

City WEST SIMSBURY State CT Zip Code 06092-2106

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

Name of Employer STATE OF CONNECTICUT Occupation ADMINISTRATOR

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
 07 / 25 / 2012

Transaction ID : SA11.1551

Amount of Each Receipt this Period
 100.00
 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: PAGE 15 OF 66
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MR. BRADLEY KULMAN

Mailing Address 336 W. END AVE APT 11C

City State Zip Code
NEW YORK NY 10023-8123

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

Name of Employer Occupation
STROOCK & STROOCK & LAWYERS LAWYER

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
 07 23 2012

Transaction ID : SA11.1523

Amount of Each Receipt this Period
 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JEFFREY A. LALONDE

Mailing Address 208 WELLSFORD DRIVE

City State Zip Code
GOSHEN CT 06756-1903

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

Name of Employer Occupation
TORRINGTON SAVINGS BANK BANKER - PRESIDENT CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 16 2012

Transaction ID : SA11.1502

Amount of Each Receipt this Period
 125.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LEORA R. LEVY

Mailing Address 59 PECKSLAND RD

City State Zip Code
GREENWICH CT 06831-3711

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

Name of Employer Occupation
RETIRED HOMEMAKER

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
 07 16 2012

Transaction ID : SA11.1496

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

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

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

825.00

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

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

FOR LINE NUMBER: PAGE 16 OF 66
(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)
JOHN LUTZ

Mailing Address 862 SCIOTO DR

City State Zip Code
FRANKLIN LAKES NJ 07417-2822

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

Name of Employer Occupation
MCDERMOTT WILLS & EMERY LLP ATTORNEY

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
 07 / 16 / 2012

Transaction ID : SA11.1492

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID L. MATHUS

Mailing Address 111 EAST 80TH ST APT 2A

City State Zip Code
NEW YORK NY 10075-0350

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

Name of Employer Occupation
MCDERMOTT WILL EMERY LLP ATTORNEY

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : SA11.1526

Amount of Each Receipt this Period
 1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARC MCCARTHY

Mailing Address 22 JEFFERSON RD

City State Zip Code
SCARSDALE NY 10583-6412

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
290.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11.1539

Amount of Each Receipt this Period
 145.00

CONTRIBUTION

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

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

2645.00

**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 66
	<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)
MARC MCCARTHY

Mailing Address **22 JEFFERSON RD**

City **SCARSDALE** State **NY** Zip Code **10583-6412**

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 **290.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.1540

Amount of Each Receipt this Period
145.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ANN M. MCKINNEY

Mailing Address **37 SAW MILL ROAD**

City **LITCHFIELD** State **CT** Zip Code **06759-2001**

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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.1503

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. AL MENCUCINI

Mailing Address **215 WELLSFORD ROAD**
P.O. BOX 946

City **GOSHEN** State **CT** Zip Code **06756-1904**

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

Name of Employer **LOGAN AND MENCUCINI** 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
07 / 03 / 2012

Transaction ID : SA11.1463

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

495.00

**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 18 OF 66
	<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 MORTENSON

Mailing Address **21 S. END AVE. PH-1D**

City **NEW YORK** State **NY** Zip Code **10280-1070**

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
07 / 16 / 2012

Transaction ID : SA11.1499

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LINDA Z. MUNGER

Mailing Address **16 KNOLLWOOD DR**

City **GREENWICH** State **CT** Zip Code **06830-4733**

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
1000.00

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

Transaction ID : SA11.1445

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALEXANDER NEAVE

Mailing Address **9 DICKINSON COURT**

City **LITCHFIELD** State **CT** Zip Code **06759-3312**

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

Name of Employer **PUTNEY, TWOMBLY, HALL AND HIRSON** Occupation **ATTORNEY**

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
07 / 11 / 2012

Transaction ID : SA11.1459

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

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

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

1550.00

**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 66
	<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. JOSE W. NOYES

Mailing Address 12 HERB ROAD

City SHARON State CT Zip Code 06069-2326

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
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2012

Transaction ID : SA11.1507

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. KAREN NUGENT

Mailing Address 334 SOUTH ST
P.O. BOX 1588

City LITCHFIELD State CT Zip Code 06759-4008

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

Name of Employer THE FORMAN SCHOOL Occupation REGISTERED NURSE

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
 07 / 03 / 2012

Transaction ID : SA11.1461

Amount of Each Receipt this Period
 25.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KAREN NUGENT

Mailing Address 334 SOUTH ST
P.O. BOX 1588

City LITCHFIELD State CT Zip Code 06759-4008

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

Name of Employer THE FORMAN SCHOOL Occupation REGISTERED NURSE

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
 07 / 03 / 2012

Transaction ID : SA11.1462

Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

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

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

2125.00

**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 66
	<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)
ELLEN C. ONEGLIA

Mailing Address 70 CARRIAGE LANE

City LITCHFIELD State CT Zip Code 06759-2327

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

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
 07 / 03 / 2012

Transaction ID : SA11.1465

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES N. PERKINS

Mailing Address 5 CONBOY HEIGHTS

City KENT State CT Zip Code 06757-1427

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

Name of Employer SELF Occupation REAL ESTATE

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
 07 / 25 / 2012

Transaction ID : SA11.1550

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM F. PLUNKETT JR.

Mailing Address 45 BENEDICT AVE

City TARRYTOWN State NY Zip Code 10591-4131

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

Name of Employer MCKENNA LONG & ALDRIDGE Occupation ATTORNEY

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
 07 / 18 / 2012

Transaction ID : SA11.1512

Amount of Each Receipt this Period
 1000.00
 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 66
	<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. G. RICHARD REIS

Mailing Address 119 BRYNMOOR CT

City State Zip Code
GOSHEN CT 06756-2135

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
575.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 03 / 2012

Transaction ID : SA11.1460

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANNABELLE ROBBINS

Mailing Address 3 HYERDALE COURT

City State Zip Code
GOSHEN CT 06756-1718

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
950.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2012

Transaction ID : SA11.1541

Amount of Each Receipt this Period
350.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DAVID B. ROBBINS

Mailing Address 791 PARK AVE

City State Zip Code
NEW YORK NY 10021-3513

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

Name of Employer Occupation
TREVI MGMT LLP INVESTMENTS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2012

Transaction ID : SA11.1510

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

750.00

**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 22 OF 66
	<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)
LOUISA L. RORABACK

Mailing Address P.O. BOX 96
397 WEST HYERDALE DR.

City GOSHEN State CT Zip Code 06756-0096

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

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
 07 / 16 / 2012

Transaction ID : SA11.1546

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JEAN WEINBERG ROSE

Mailing Address 535 LAKE AVENUE

City GREENWICH State CT Zip Code 06830-3831

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 23 / 2012

Transaction ID : SA11.1522

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. BYRON J. ROUND D.M.D.

Mailing Address P.O. BOX 1333

City LITCHFIELD State CT Zip Code 06759-1333

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

Name of Employer **SELF** Occupation **DENTIST**

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
 07 / 20 / 2012

Transaction ID : SA11.1481

Amount of Each Receipt this Period
 200.00
 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 23 OF 66
	<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)
HANK SCHMITZ

Mailing Address **218 E HYERDALE DR**

City **GOSHEN** State **CT** Zip Code **06756-1900**

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

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

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
07 / 03 / 2012

Transaction ID : SA11.1466

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVEN D. STAUGAITIS

Mailing Address **1 GALE ANN DRIVE**

City **BROOKFIELD** State **CT** Zip Code **06804**

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

Name of Employer **UMASS MEDICAL SCHOOL** Occupation **PSYCHOLOGIST**

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
07 / 16 / 2012

Transaction ID : SA11.1495

Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN M. SUHANOVSKY

Mailing Address **1712 TORRINGTON STREET**

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

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

Name of Employer **THE TORRINGTON WATER COMPANY** Occupation **EXECUTIVE**

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
07 / 20 / 2012

Transaction ID : SA11.1480

Amount of Each Receipt this Period
100.00
 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: PAGE 24 OF 66
(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)
STEVEN M. TEMKIN

Mailing Address 144 CHESTNUT HILL ROAD

City State Zip Code
TORRINGTON CT 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
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2012

Transaction ID : SA11.1554

Amount of Each Receipt this Period
 1500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. LILLIAN E. TOBIN

Mailing Address 14 WELDON CT
P. O. BOX 132

City State Zip Code
GOSHEN CT 06756-1701

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
850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2012

Transaction ID : SA11.1458

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANITA TORIZZO

Mailing Address 4 GREEN ACRES ROAD

City State Zip Code
HARWINTON CT 06791-1122

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
375.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2012

Transaction ID : SA11.1494

Amount of Each Receipt this Period
 125.00
 CONTRIBUTION

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

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

1875.00

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

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

FOR LINE NUMBER: PAGE 25 OF 66
(check only one)
 11a 11b 11c 11d 15
 12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Roraback for Congress

A. Full Name (Last, First, Middle Initial)
MRS. HEATHER TURRI

Mailing Address 33 WEST HYDERDALE DR.

City State Zip Code
GOSHEN CT 06756-1802

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

Name of Employer Occupation
TURRI INC EXECUTIVE

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
 07 / 05 / 2012

Transaction ID : SA11.1446

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN WYATT UHLEIN

Mailing Address 19 SAW MILL ROAD

City State Zip Code
LITCHFIELD CT 06759-2001

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
875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2012

Transaction ID : SA11.1518

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHARLES HIRAM UPSON III

Mailing Address 141 SHEARER RD

City State Zip Code
WASHINGTON CT 06793-1012

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
225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 11 / 2012

Transaction ID : SA11.1457

Amount of Each Receipt this Period
 100.00
 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 26 OF 66
	<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) ANNICK FAURE WADSWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2012	
Mailing Address 182 WALNUT STREET		Transaction ID : SA11.1571	
City BROOKLINE	State MA	Zip Code 02445-6710	Amount of Each Receipt this Period _____ 470.07 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2970.07		

Full Name (Last, First, Middle Initial) ELIOT WADSWORTH		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 14 / 2012	
Mailing Address WHITE FLOWER FARM P.O. BOX 50		Transaction ID : SA11.1570	
City LITCHFIELD	State CT	Zip Code 06759-0050	Amount of Each Receipt this Period _____ 470.07 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer WHITE FLOWER FARM	Occupation PRESIDENT		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2970.07		

Full Name (Last, First, Middle Initial) MR. ALLAN D. WALKER		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 03 / 2012	
Mailing Address 173 ALLYN ROAD		Transaction ID : SA11.1464	
City GOSHEN	State CT	Zip Code 06756-1313	Amount of Each Receipt this Period _____ 100.00 CONTRIBUTION
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		

SUBTOTAL of Receipts This Page (optional).....	_____ 1040.14
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 27 OF 66
(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)
DANIEL J. WHALEN

Mailing Address 138 BALDWIN HILL RD

City State Zip Code
WASHINGTON DEPOT CT 06794-1002

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
 07 / 16 / 2012

Transaction ID : SA11.1498

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOUGLAS W. WYATT

Mailing Address 99 PARK AVENUE

City State Zip Code
NEW YORK NY 10016-1601

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

Name of Employer Occupation
WYATT, GERBER & O'ROURKE 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
 07 / 18 / 2012

Transaction ID : SA11.1514

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
STONEWALLS BY GEORGE, LLC

Mailing Address P.O. BOX 2306

City State Zip Code
NEW PRESTON CT 06777-0306

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

Name of Employer Occupation

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
 07 / 10 / 2012

Transaction ID : SA11.1455

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

OWNER JORGE CRIOLLO

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

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

750.00

29969.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 66			
	<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 07 / 23 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 118.64 Transaction ID : A145
City Litchfield State CT Zip Code 06759	Purpose of Disbursement Reimburse mileage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Ross Brennan		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 359.40 Transaction ID : A186
City Litchfield State CT Zip Code 06759	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Ross Brennan		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 684.80 Transaction ID : A187
City Litchfield State CT Zip Code 06759	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1162.84
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 29 OF 66			
	<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 07 / 10 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.38 Transaction ID : A182
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: 00	

Full Name (Last, First, Middle Initial) B. Chris DuPont		Date of Disbursement MM / DD / YYYY 07 / 20 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58 Transaction ID : A183
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: 00	

Full Name (Last, First, Middle Initial) c. Lawrence Fiano		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address 266 Boston Turnpike		Amount of Each Disbursement this Period 559.57 Transaction ID : A204
City Bolton	State CT	
Zip Code 06043	Purpose of Disbursement Disbursement In-Kind Donation	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: 00	

SUBTOTAL of Disbursements This Page (optional).....	2860.53
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 30 OF 66			
	<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 07 / 23 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 67.65 Transaction ID : A144
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement mileage reimbursement	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: 00	

Full Name (Last, First, Middle Initial) B. Ryan Fredrikson		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 7.91 Transaction ID : A1452
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Reimbursement Food	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: 00	

Full Name (Last, First, Middle Initial) c. Ryan Fredrikson		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 4 Blinkoff Road		Amount of Each Disbursement this Period 359.40 Transaction ID : A190
City Torrington	State CT	
Zip Code 06790	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: 00	

SUBTOTAL of Disbursements This Page (optional).....	434.96
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 31 OF 66			
	<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 07 / 20 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 684.80
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement payroll	Transaction ID : A191
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: 00		

Full Name (Last, First, Middle Initial) B. Robert Kane		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Campaign Manager Fee	Transaction ID : A142
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: 00		

Full Name (Last, First, Middle Initial) c. Robert Kane		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Campaign Manager Fee	Transaction ID : A143
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: 00		

SUBTOTAL of Disbursements This Page (optional).....	2684.80
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 32 OF 66			
	<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 07 / 25 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00 Transaction ID : A1451
City Watertown	State CT	
Purpose of Disbursement Campaign Manager 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: 00		

Full Name (Last, First, Middle Initial) B. Madeleine King		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address 136 Old South Road		Amount of Each Disbursement this Period 377.40 Transaction ID : A1921
City Litchfield	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: 00		

Full Name (Last, First, Middle Initial) c. Adam Kuegler		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address 1920 Litchfield Road		Amount of Each Disbursement this Period 188.70 Transaction ID : A192
City Watertown	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: 00		

SUBTOTAL of Disbursements This Page (optional).....	1566.10
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 33 OF 66			
	<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 07 / 23 / 2012
Mailing Address 29 Highland Ave		Amount of Each Disbursement this Period 228.03 Transaction ID : A106
City Litchfield	State CT	
Zip Code 06750	Purpose of Disbursement mileage reimbursement	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Andrew Lautz		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 29 Highland Ave		Amount of Each Disbursement this Period 47.25 Transaction ID : A107
City Litchfield	State CT	
Zip Code 06759	Purpose of Disbursement Expense Reimbursement Food	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Andrew Lautz		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address 29 Highland Ave		Amount of Each Disbursement this Period 754.80 Transaction ID : A184
City Litchfield	State CT	
Zip Code 06750	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1030.80
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 34 OF 66			
	<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 07 / 20 / 2012
Mailing Address 29 Highland Ave		Amount of Each Disbursement this Period 754.80
City Litchfield	State CT	
Zip Code 06750	Purpose of Disbursement payroll	Transaction ID : A185
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. Robert Maddox		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 104 Deerwood Dr		Amount of Each Disbursement this Period 300.30
City Bethlehem	State CT	
Zip Code 06751	Purpose of Disbursement Mileage Reimbursement	Transaction ID : A108
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) c. Robert Maddox		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 104 Deerwood Dr		Amount of Each Disbursement this Period 372.14
City Bethlehem	State CT	
Zip Code 06751	Purpose of Disbursement Reimbursement Wood/stakes for signs	Transaction ID : A109
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1427.24
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 35 OF 66			
	<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. Conor Maloney		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address 32 Longview Road		Amount of Each Disbursement this Period 684.80 Transaction ID : A194
City Avon State CT Zip Code 06001	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Conor Maloney		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address 32 Longview Road		Amount of Each Disbursement this Period 359.40 Transaction ID : A195
City Avon State CT Zip Code 06001	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Anna-Elysapeth McGuire		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address 49 ALLYNDAL ROAD		Amount of Each Disbursement this Period 1123.00 Transaction ID : A180
City CANAAN State CT Zip Code 06018	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2167.20
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 36 OF 66	
	<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 07 / 24 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 Transaction ID : A181
City CANAAN	State CT	
Zip Code 06018	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: 00	

Full Name (Last, First, Middle Initial) B. Emily Minacci		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address Marilyn Lane		Amount of Each Disbursement this Period 1043.75 Transaction ID : A118
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement data entry	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: 00	

Full Name (Last, First, Middle Initial) c. Louise Osbourne		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 21 Whitman Pond Road		Amount of Each Disbursement this Period 349.51 Transaction ID : A129
City Simsbury	State CT	
Zip Code 06070	Purpose of Disbursement reimbursement for Food	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: 00	

SUBTOTAL of Disbursements This Page (optional).....	2516.26
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 37 OF 66	
	<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. Tamara Tragakiss		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 100 HART DRIVE		Amount of Each Disbursement this Period 140.69 Transaction ID : A162
City LITCHFIELD	State CT	
Zip Code 06759	Purpose of Disbursement flowers, wrapping paper, candiy	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: 00	

Full Name (Last, First, Middle Initial) B. Annick Wadsworth		Date of Disbursement MM / DD / YYYY 07 / 14 / 2012
Mailing Address 22 Esthers Road		Amount of Each Disbursement this Period 470.07 Transaction ID : A205
City Morris	State CT	
Zip Code 06756	Purpose of Disbursement Disbursement of In-kind	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: 00	

Full Name (Last, First, Middle Initial) C. Elliot Wadsworth		Date of Disbursement MM / DD / YYYY 07 / 14 / 2012
Mailing Address 22 Esther Road		Amount of Each Disbursement this Period 470.07 Transaction ID : A302
City Morris	State CT	
Zip Code 06756	Purpose of Disbursement Disbursement of In-kind	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: 00	

SUBTOTAL of Disbursements This Page (optional).....	1080.83
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 38 OF 66	
	<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. Action Sign		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 610 Migeon Ave.		Amount of Each Disbursement this Period 638.10 Transaction ID : A300
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Signs	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: 00	

Full Name (Last, First, Middle Initial) B. Adam Samartino		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 32 City Hall		Amount of Each Disbursement this Period 906.00 Transaction ID : A101
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Accountant	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: 00	

Full Name (Last, First, Middle Initial) C. Alfredo's		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 60.62 Transaction ID : A102
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Food/ Volunteers	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: 00	

SUBTOTAL of Disbursements This Page (optional).....	1604.72
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 39 OF 66	
	<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. Alfredo's		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 60.61 Transaction ID : A103
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement Food Staff Lunch	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: 00		

Full Name (Last, First, Middle Initial) B. Alfredo's		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 44.66 Transaction ID : A104
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement food/Volunteers	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: 00		

Full Name (Last, First, Middle Initial) c. American Copy		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 252.45 Transaction ID : A105
City Waterbury	State CT Zip Code 06703	
Purpose of Disbursement Copier Supplies & Color Copies	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: 00		

SUBTOTAL of Disbursements This Page (optional).....	357.72
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 40 OF 66	
	<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

Mailing Address P.O. Box 5082

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement Internet

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 16 / 2012

Amount of Each Disbursement this Period: 143.02

Transaction ID : A1071

Category/Type: 001

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

Mailing Address 320 W Newberry Road

City Bloomfield State CT Zip Code 06002

Purpose of Disbursement TV ADs

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 20 / 2012

Amount of Each Disbursement this Period: 12755.10

Transaction ID : A111

Category/Type: 004

Full Name (Last, First, Middle Initial)
c. Connecticut Light and Power

Mailing Address P.O. Box 150493

City Hartford State CT Zip Code 06115

Purpose of Disbursement Utilities

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District: 00

Date of Disbursement: 07 / 16 / 2012

Amount of Each Disbursement this Period: 127.70

Transaction ID : A110

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 13025.82

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 41 OF 66	
	<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. Cox Communication		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 170 Utopia Road		Amount of Each Disbursement this Period 3000.00
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement TV Ads	Transaction ID : A1121
Candidate Name	004 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: 00		

Full Name (Last, First, Middle Initial) B. CT Department of Labor		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address P.O. Box 2940		Amount of Each Disbursement this Period 843.15
City Hartford	State CT	
Zip Code 06104	Purpose of Disbursement unemployment	Transaction ID : A196
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: 00		

Full Name (Last, First, Middle Initial) c. CT Dept. of Revenue		Date of Disbursement MM / DD / YYYY 07 / 10 / 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 : A112
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: 00		

SUBTOTAL of Disbursements This Page (optional).....	3922.36
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 42 OF 66	
	<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. CT Dept. of Revenue		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 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	Category/Type 001	Transaction ID : A1122
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: 00		

Full Name (Last, First, Middle Initial) B. Direct Mailing		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period 10390.00
City Clearwater	State FL Zip Code 33762	
Purpose of Disbursement Mailer and postage	Category/Type 006	Transaction ID : A116
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: 00		

Full Name (Last, First, Middle Initial) c. Direct Mailing		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period 7070.32
City Clearwater	State FL Zip Code 33762	
Purpose of Disbursement Mailer and postage	Category/Type 006	Transaction ID : A1161
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: 00		

SUBTOTAL of Disbursements This Page (optional).....	17539.53
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 43 OF 66			
	<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. Direct Mailing		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>19</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		19		2012	
M M	/	D D	/	Y Y Y Y										
07		19		2012										
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Clearwater</td> <td>FL</td> <td>33762</td> </tr> </table>		City	State	Zip Code	Clearwater	FL	33762	<table border="1"> <tr> <td>8438.89</td> </tr> </table>		8438.89				
City	State	Zip Code												
Clearwater	FL	33762												
8438.89														
Purpose of Disbursement Mailer and postage		Transaction ID : A117												
Candidate Name		Category/Type												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District: 00</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td>006</td> </tr> </table>		006
Office Sought:	House	Disbursement For:												
	Senate													
	President													
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
006														

Full Name (Last, First, Middle Initial)		Date of Disbursement												
B. Downtown Partner		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>03</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		03		2012	
M M	/	D D	/	Y Y Y Y										
07		03		2012										
Mailing Address Main Street		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Torrington</td> <td>CT</td> <td>06790</td> </tr> </table>		City	State	Zip Code	Torrington	CT	06790	<table border="1"> <tr> <td>985.00</td> </tr> </table>		985.00				
City	State	Zip Code												
Torrington	CT	06790												
985.00														
Purpose of Disbursement Rent 51 Water Street		Transaction ID : A1191												
Candidate Name		Category/Type												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District: 00</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td>001</td> </tr> </table>		001
Office Sought:	House	Disbursement For:												
	Senate													
	President													
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
001														

Full Name (Last, First, Middle Initial)		Date of Disbursement												
C. Downtown Partner		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>05</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		05		2012	
M M	/	D D	/	Y Y Y Y										
07		05		2012										
Mailing Address Main Street		Amount of Each Disbursement this Period												
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Torrington</td> <td>CT</td> <td>06790</td> </tr> </table>		City	State	Zip Code	Torrington	CT	06790	<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00				
City	State	Zip Code												
Torrington	CT	06790												
1000.00														
Purpose of Disbursement Rent 47 Water Street		Transaction ID : A120												
Candidate Name		Category/Type												
<table border="1"> <tr> <td>Office Sought:</td> <td>House</td> <td rowspan="3">Disbursement For:</td> </tr> <tr> <td></td> <td>Senate</td> </tr> <tr> <td></td> <td>President</td> </tr> <tr> <td>State:</td> <td>District: 00</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) </td> </tr> </table>		Office Sought:	House	Disbursement For:		Senate		President	State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<table border="1"> <tr> <td>001</td> </tr> </table>		001
Office Sought:	House	Disbursement For:												
	Senate													
	President													
State:	District: 00	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
001														

SUBTOTAL of Disbursements This Page (optional).....	10423.89
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 44 OF 66			
	<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. FedEx		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 34.13 Transaction ID : A119
City Pittsburg	State PA	
Purpose of Disbursement overnight mail	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

Full Name (Last, First, Middle Initial) B. Goshenette		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address Route 4		Amount of Each Disbursement this Period 42.27 Transaction ID : A125
City Goshen	State CT	
Purpose of Disbursement Food/ Beverage	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

Full Name (Last, First, Middle Initial) C. IRS		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address		Amount of Each Disbursement this Period 981.41 Transaction ID : A122
City Andover	State MA	
Purpose of Disbursement Payroll Liabilities	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	1057.81
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 45 OF 66			
	<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		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		10		2012
M M	/	D D	/	Y Y Y Y								
07		10		2012								
Mailing Address		Amount of Each Disbursement this Period										
City	State	Zip Code										
Andover	MA	05501										
Purpose of Disbursement	Category/ Type	Transaction ID : A123										
Payroll liabilities			001									
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District: 00												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. IRS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		24		2012
M M	/	D D	/	Y Y Y Y								
07		24		2012								
Mailing Address		Amount of Each Disbursement this Period										
City	State	Zip Code										
Andover	MA	05501										
Purpose of Disbursement	Category/ Type	Transaction ID : A124										
Payroll liabilities			001									
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District: 00												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. IRS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		24		2012
M M	/	D D	/	Y Y Y Y								
07		24		2012								
Mailing Address		Amount of Each Disbursement this Period										
City	State	Zip Code										
Andover	MA	05501										
Purpose of Disbursement	Category/ Type	Transaction ID : A1261										
Payroll liabilities			001									
Candidate Name												
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District: 00												

SUBTOTAL of Disbursements This Page (optional).....	1583.61
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 46 OF 66	
	<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. Kinetic Media		Date of Disbursement MM / DD / YYYY 07 / 17 / 2012
Mailing Address 303 5th Ave Suite 1902		Amount of Each Disbursement this Period 15000.00 Transaction ID : A126
City New York	State NY	
Zip Code 10016	Purpose of Disbursement TV Ad Production	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: 00	

Full Name (Last, First, Middle Initial) B. Litchfield County Promotions		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 821.90 Transaction ID : A127
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement imprinted balloons	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: 00	

Full Name (Last, First, Middle Initial) C. Litchfield County Promotions		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 1356.32 Transaction ID : A128
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Jar Grips	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: 00	

SUBTOTAL of Disbursements This Page (optional).....	17178.22
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 47 OF 66			
	<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. Lowes		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 420 Winsted Road		Amount of Each Disbursement this Period 143.79
City Torrington State CT Zip Code 06790	Purpose of Disbursement Fans	
Candidate Name	Category/Type 001	Transaction ID : A130
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) B. NBC 30 WWIT		Date of Disbursement MM / DD / YYYY 07 / 20 / 2012
Mailing Address 1422 New Britain Ave		Amount of Each Disbursement this Period 8436.25
City West Hartford State CT Zip Code 06107	Purpose of Disbursement TV Ads	
Candidate Name	Category/Type 004	Transaction ID : A131
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) C. Newtown Florist		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 111 South Main Street		Amount of Each Disbursement this Period 67.52
City Newtown State CT Zip Code 06470	Purpose of Disbursement Flowers	
Candidate Name	Category/Type 007	Transaction ID : A1321
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	8647.56
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 48 OF 66	
	<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. Nicholas Pizza			Date of Disbursement MM / DD / YYYY 07 / 03 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 35.00	
City Torrington	State CT	Zip Code 06790	Transaction ID : A132	
Purpose of Disbursement Food Volunteers		001 Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Nicholas Pizza			Date of Disbursement MM / DD / YYYY 07 / 10 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 28.13	
City Torrington	State CT	Zip Code 06790	Transaction ID : A133	
Purpose of Disbursement Food Volunteers		001 Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Nicholas Pizza			Date of Disbursement MM / DD / YYYY 07 / 11 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 48.00	
City Torrington	State CT	Zip Code 06790	Transaction ID : A134	
Purpose of Disbursement Food Volunteers		001 Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	111.13
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 49 OF 66			
	<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. Nicholas Pizza			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 13.99	
City Torrington	State CT	Zip Code 06790	Transaction ID : A135	
Purpose of Disbursement Food Volunteers		Category/Type 001		
Candidate Name				
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)	
State:	District: 00			

Full Name (Last, First, Middle Initial) B. Nicholas Pizza			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 40.15	
City Torrington	State CT	Zip Code 06790	Transaction ID : A1351	
Purpose of Disbursement Food Volunteers		Category/Type 001		
Candidate Name				
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)	
State:	District: 00			

Full Name (Last, First, Middle Initial) C. Nicholas Pizza			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 43.28	
City Torrington	State CT	Zip Code 06790	Transaction ID : A136	
Purpose of Disbursement Food Volunteers		Category/Type 001		
Candidate Name				
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)	
State:	District: 00			

SUBTOTAL of Disbursements This Page (optional).....	97.42
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 50 OF 66	
	<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. Nicholas Pizza		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 7,213.21 Transaction ID : A203
City Torrington State CT Zip Code 06790	Purpose of Disbursement Food Volunteers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. PierceZappi		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST		Amount of Each Disbursement this Period 7,000.00 Transaction ID : A140
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 State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. piryx		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 160.21 Transaction ID : A179
City SAN FRANCISCO State CA Zip Code 94105	Purpose of Disbursement credit card fees Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	7213.21
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 51 OF 66	
	<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 MM / DD / YYYY 07 / 09 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period -16.80
City Philadelphia	State PA	
Zip Code 19101	Purpose of Disbursement office Supplies	Transaction ID : A141
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) B. Reel Markteters		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address P.O. Box 1214		Amount of Each Disbursement this Period 8697.15
City Middlebury	State CT	
Zip Code 06762	Purpose of Disbursement agency placement fee	Transaction ID : A202
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: 00		

Full Name (Last, First, Middle Initial) C. RKL & Associates		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address Winsted Road		Amount of Each Disbursement this Period 385.52
City Winsted	State CT	
Zip Code 06098	Purpose of Disbursement computer programming	Transaction ID : A1421
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....	9065.87
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 52 OF 66	
	<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. Rotary -Charity Golf Tournament		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address c/o Brooker Memorial ATT: Cathy 157 Litchfield Street		Amount of Each Disbursement this Period 150.00 Transaction ID : A146
City Torrington State CT Zip Code 06790	Purpose of Disbursement Advertising 004 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: 00		

Full Name (Last, First, Middle Initial) B. Secretary of State CT		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2012
Mailing Address Trinity Street		Amount of Each Disbursement this Period 300.00 Transaction ID : A147
City Hartford State CT Zip Code 06106	Purpose of Disbursement Voter List 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: 00		

Full Name (Last, First, Middle Initial) c. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 36.64 Transaction ID : A1471
City THOMASTON State CT Zip Code 06787	Purpose of Disbursement Blank stock 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: 00		

SUBTOTAL of Disbursements This Page (optional).....	486.64
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 53 OF 66			
	<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 07 / 06 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 241.95 Transaction ID : A148
City THOMASTON	State CT	
Purpose of Disbursement invite		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: 00		

Full Name (Last, First, Middle Initial) B. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 276.37 Transaction ID : A149
City THOMASTON	State CT	
Purpose of Disbursement invitation postcard		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: 00		

Full Name (Last, First, Middle Initial) c. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 196.08 Transaction ID : A1491
City THOMASTON	State CT	
Purpose of Disbursement Postcard Dear Friend		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: 00		

SUBTOTAL of Disbursements This Page (optional).....	714.40
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 54 OF 66			
	<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 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 152.43 Transaction ID : A150
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement event postcards	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: 00		

Full Name (Last, First, Middle Initial) B. Sir Speedy		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 703.95 Transaction ID : A151
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement event postcards	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: 00		

Full Name (Last, First, Middle Initial) c. Sir Speedy		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 941.81 Transaction ID : A153
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement	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: 00		

SUBTOTAL of Disbursements This Page (optional).....	1798.19
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 55 OF 66			
	<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 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 7.89
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement copies	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: 00		

Full Name (Last, First, Middle Initial) B. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 124.79
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement	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: 00		

Full Name (Last, First, Middle Initial) c. Sir Speedy		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 228.51
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement	006 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: 00		

SUBTOTAL of Disbursements This Page (optional).....	361.19
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 56 OF 66			
	<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 07 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 44.67
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Candidate Name	Transaction ID : A157
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: 00	

Full Name (Last, First, Middle Initial) B. Sir Speedy		Date of Disbursement MM / DD / YYYY 07 / 06 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period -0.27
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Blank stock	Transaction ID : A200
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: 00	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 07 / 04 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 133.97
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Office Supplies	Transaction ID : A158
Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

SUBTOTAL of Disbursements This Page (optional).....	178.37
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 57 OF 66			
	<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 07 / 03 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 38.26
City Torrington State CT Zip Code 06790	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type 001	Transaction ID : A1581
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 148.88
City Torrington State CT Zip Code 06790	Purpose of Disbursement office Supplies	
Candidate Name	Category/Type 001	Transaction ID : A159
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 243.01
City Torrington State CT Zip Code 06790	Purpose of Disbursement software and office supplies	
Candidate Name	Category/Type 001	Transaction ID : A1591
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	430.15
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 66			
	<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 07 / 23 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 317.14 Transaction ID : A1592
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: 00	

Full Name (Last, First, Middle Initial) B. Stop & Shop		Date of Disbursement MM / DD / YYYY 07 / 12 / 2012
Mailing Address 211 High Street		Amount of Each Disbursement this Period 83.51 Transaction ID : A160
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Beverages	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: 00	

Full Name (Last, First, Middle Initial) c. Stop & Shop		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 211 High Street		Amount of Each Disbursement this Period 76.52 Transaction ID : A1601
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Beverages	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: 00	

SUBTOTAL of Disbursements This Page (optional).....	317.14
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 59 OF 66	
	<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. Tallulah Catering LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 178 Andover Drive		Amount of Each Disbursement this Period 2012 1056.85 Transaction ID : A161
City West Hartford	State CT	
Zip Code 06110	Purpose of Disbursement Food Fundraising event	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: 00	

Full Name (Last, First, Middle Initial) B. The Inn at Newtown		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 19 Main Street		Amount of Each Disbursement this Period 2012 200.00 Transaction ID : A1621
City Newtown	State CT	
Zip Code 06470	Purpose of Disbursement Deposit	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: 00	

Full Name (Last, First, Middle Initial) c. The Inn at Newtown		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 19 Main Street		Amount of Each Disbursement this Period 2012 892.93 Transaction ID : A1622
City Newtown	State CT	
Zip Code 06470	Purpose of Disbursement Event Expense 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: 00	

SUBTOTAL of Disbursements This Page (optional).....	2149.78
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 60 OF 66	
	<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 Party Store		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 16.54 Transaction ID : A1361
City Torrington State CT Zip Code 06790	Purpose of Disbursement helium Candidate Name Category/Type 001	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) B. The Party Store		Date of Disbursement MM / DD / YYYY 07 / 22 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 132.12 Transaction ID : A139
City Torrington State CT Zip Code 06790	Purpose of Disbursement paper for meet and greet Candidate Name Category/Type 001	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) c. Top Shelf Liquors		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 300 New Britian Ave		Amount of Each Disbursement this Period 218.24 Transaction ID : A163
City Berlin State CT Zip Code 06037	Purpose of Disbursement liquor for Fundraising event Candidate Name Category/Type 003	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	366.90
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 61 OF 66			
	<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. Town of Warren		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 50 Cemetery Road		Amount of Each Disbursement this Period 2294.22 Transaction ID : A1631
City Warren	State CT Zip Code 06754	
Purpose of Disbursement Copies of lists	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: 00		

Full Name (Last, First, Middle Initial) B. US Postmaster Waterbury		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 135 Grand Street		Amount of Each Disbursement this Period 239.47 Transaction ID : A168
City Waterbury	State CT Zip Code 06701	
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: 00		

Full Name (Last, First, Middle Initial) c. US Postmaster Waterbury		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 135 Grand Street		Amount of Each Disbursement this Period 2036.35 Transaction ID : A169
City Waterbury	State CT Zip Code 06701	
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: 00		

SUBTOTAL of Disbursements This Page (optional).....	2294.22
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 62 OF 66	
	<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 M M / D D / Y Y Y Y 07 / 16 / 2012	
Mailing Address 135 Grand Street			Amount of Each Disbursement this Period 446.70	
City Waterbury	State CT	Zip Code 06701	Transaction ID : A170	
Purpose of Disbursement postage		001 Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. US Postmaster Waterbury			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012	
Mailing Address 135 Grand Street			Amount of Each Disbursement this Period 319.75	
City Waterbury	State CT	Zip Code 06701	Transaction ID : A171	
Purpose of Disbursement postage		001 Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) c. US Postmaster Torrington			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012	
Mailing Address 185 East Elm Street			Amount of Each Disbursement this Period 985.00	
City Torrington	State CT	Zip Code 06790	Transaction ID : A172	
Purpose of Disbursement postage		003 Category/ Type		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	1751.45
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 63 OF 66	
	<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 Torrington		Date of Disbursement MM / DD / YYYY 07 / 06 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 675.00 Transaction ID : A1721
City Torrington State CT Zip Code 06790	Purpose of Disbursement postage Candidate Name Category/Type 003	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) B. US Postmaster Torrington		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 770.00 Transaction ID : A1722
City Torrington State CT Zip Code 06790	Purpose of Disbursement postage Candidate Name Category/Type 003	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) c. Waterbury Chamber of Commerce		Date of Disbursement MM / DD / YYYY 07 / 03 / 2012
Mailing Address 83 Bank Street		Amount of Each Disbursement this Period 55.00 Transaction ID : A173
City Waterbury State CT Zip Code 06702	Purpose of Disbursement Luncheon fee Candidate Name Category/Type 001	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 64 OF 66			
	<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. WFSB

Full Name (Last, First, Middle Initial)
Mailing Address 333 Capital Blvd

City Rocky Hill State CT Zip Code 06067

Purpose of Disbursement TV Ads

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify)

Date of Disbursement: 07 / 06 / 2012

Amount of Each Disbursement this Period: 8500.00

Transaction ID : A174

Category/Type: 004

B. WTIC 61

Full Name (Last, First, Middle Initial)
Mailing Address 285 Broad Street

City Hartford State CT Zip Code 06115

Purpose of Disbursement TV Ads

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify)

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 21.25

Transaction ID : A177

Category/Type: 004

C. WTIC 61

Full Name (Last, First, Middle Initial)
Mailing Address 285 Broad Street

City Hartford State CT Zip Code 06115

Purpose of Disbursement TV Ads

Candidate Name

Office Sought: House Senate President
State: District: 00

Disbursement For: Primary General Other (specify)

Date of Disbursement: 07 / 20 / 2012

Amount of Each Disbursement this Period: 8500.00

Transaction ID : A1771

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional) 17021.25

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 65 OF 66	
	<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. WTNH		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 8 Elm Street		Amount of Each Disbursement this Period 8521.25
City New Haven	State CT	
Zip Code 06501	Purpose of Disbursement TV ADS	Transaction ID : A178
Candidate Name	004 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: 00		

Full Name (Last, First, Middle Initial) B. Brookfield Republican Town Committee		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 7 Red Barn Road		Amount of Each Disbursement this Period 50.00
City Brookfield	State CT	
Zip Code 06804	Purpose of Disbursement Ad Booklet	Transaction ID : A1091
Candidate Name	004 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: 00		

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	
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).....	8571.25
TOTAL This Period (last page this line number only).....	146700.66

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

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

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NAME OF COMMITTEE (In Full)
Roraback for Congress

Full Name (Last, First, Middle Initial) A. Frieda Braun		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 18 Parker Hill		Amount of Each Disbursement this Period 200.00 Transaction ID : A121
City Brookfield	State CT	
Zip Code 06804	Purpose of Disbursement Refund of Contributions	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: 00	

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

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).....	200.00
TOTAL This Period (last page this line number only).....	200.00