

REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 218

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1. NAME OF COMMITTEE (in full) Chris Dodd For President Inc		2. IDENTIFICATION NUMBER C00431379
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO Box 270701		
CITY, STATE, and ZIP CODE West Hartford CT 06127		3. IS THIS REPORT FOR : <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General

4. TYPE OF REPORT (Check here if this is a Termination Report.)

April 15 Quarterly Report February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31

Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on _____
on _____

IS THIS REPORT AN AMENDMENT YES NO

5. COVERING PERIOD	FROM 04/01/2008	THROUGH 04/30/2008
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	1825846.53
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	384840.37
8. SUBTOTAL (Lines 6 and 7)	.....	2210686.90
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	885704.46
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	1324982.44
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	380412.41
13. EXPENDITURES SUBJECT TO LIMITATION	.....	14924790.99
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES		
14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	.....	10159761.94
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	14925030.99

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.

Type or Print Name of Treasurer Kathryn Damato	Date 05/20/2008
Signature of Treasurer	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 3P (01/2001)
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DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

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(PAGE 2, FEC FORM 3P)

Name of committee (in full) Chris Dodd For President Inc		Report Covering the Period From: 04/01/2008 To: 04/30/2008	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		232864.60	1447568.09
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees		88383.00	10016033.94
(b) Political Party Committees		0.00	100.00
(c) Other Political Committees		41800.00	689698.30
(d) The Candidate		0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		130183.00	10705832.24
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	4739005.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		0.00	0.00
(b) Other Loans		0.00	1302811.25
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	1302811.25
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating		21792.77	66081.93
(b) Fundraising		0.00	240.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		21792.77	66321.93
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	55536.06
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		384840.37	18317074.57
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		157019.56	14991112.92
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	0.00
(b) Other Repayments		232864.60	1447568.29
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		232864.60	1447568.29
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		460662.00	510912.00
(b) Political Party Committees		35158.30	35158.30
(c) Other Political Committees		0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		495820.30	546070.30
29. OTHER DISBURSEMENTS		0.00	6000.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		885704.46	16990751.51
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 218
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full) Chris Dodd For President Inc					
ADDRESS (number and street) PO Box 270701					
CITY, STATE, and ZIP CODE West Hartford CT 06127			2. IDENTIFICATION NUMBER C00431379		

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	31412.23
Arizona	0.00	0.00	New Hampshire	0.00	700252.03
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	41.21	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	533.78
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	2634497.72	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	68.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	3366804.97

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 / 218
	(check only one)	
<input checked="" type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Federal Funds	Date of Receipt
	Mailing Address	<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text" value="173723.53"/>
	Name of Employer Occupation	Federal Funds
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="1388427.02"/>	Transaction ID: A3C4DAE78DDD34F5183A

B.	Full Name (Last, First, Middle Initial) Federal Funds	Date of Receipt
	Mailing Address	<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text" value="59141.07"/>
	Name of Employer Occupation	Federal Funds
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="1447568.09"/>	Transaction ID: AE48F20EE38894B0F883

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="232864.60"/>
TOTAL This Period (last page this line number only)	<input type="text" value="232864.60"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Dennis D Axel	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 383 Highland Hills Ct.	Amount of Each Receipt this Period 2300.00
	City State Zip Code Las Vegas NV 89148-2788	
	FEC ID number of contributing federal political committee.	
	Name of Employer Card Player Cruises	Occupation Partner
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A99EDBF098DD2428E8CE

B.	Full Name (Last, First, Middle Initial) Ms. Marita Axel	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 3045 Yankee Clipper Drive	Amount of Each Receipt this Period 2300.00
	City State Zip Code Las Vegas NV 89117-3513	
	FEC ID number of contributing federal political committee.	
	Name of Employer Card Player Cruises	Occupation Partner
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: AE41F607CE810427AA07

C.	Full Name (Last, First, Middle Initial) Anne W Bingham	Date of Receipt MM / DD / YYYY 04 / 11 / 2008
	Mailing Address 50 White Birch Rd	Amount of Each Receipt this Period 250.00
	City State Zip Code Salem CT 06420-3918	
	FEC ID number of contributing federal political committee.	
	Name of Employer N/A	Occupation Retired
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	Transaction ID: A50138AFFA19F4D01A65

SUBTOTAL of Receipts This Page (optional)	4850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 218
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Chandler B. Bocklage	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 111 Hudson St Apt 5B	Amount of Each Receipt this Period 1000.00
	City State Zip Code New York NY 10013-2371	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation SAC Capital Trader	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	Transaction ID: A2B66307F554D49ABB88

B.	Full Name (Last, First, Middle Initial) Mr. Kent Born	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 1200 Greenwood	Amount of Each Receipt this Period 500.00
	City State Zip Code Wilmette IL 60091-1622	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation PPM America Senior Managing Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Transaction ID: A1673E2968A2A4ADA982

C.	Full Name (Last, First, Middle Initial) H.P. Boyle	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 150 Goodwives River Road	Amount of Each Receipt this Period 1000.00
	City State Zip Code Darien CT 06820-5807	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation SAC Capital Securities Analyst	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: AC1BFA44EF355460EBC8

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 218
	(check only one)
<input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17a <input type="checkbox"/> 17b <input type="checkbox"/> 17c <input type="checkbox"/> 17d <input type="checkbox"/> 18	
<input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Erlinda Callorina	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 4116 Recktenwall Avenue	Amount of Each Receipt this Period 2300.00
	City State Zip Code North Las Vegas NV 89081-6681	
	FEC ID number of contributing federal political committee.	
	Name of Employer Card Player Cruises	Occupation Partner
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00

Transaction ID: A94FA7F8306FD4A2891F

B.	Full Name (Last, First, Middle Initial) Mrs. Johnaida Carbonell	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 4112 Recktenwall Avenue	Amount of Each Receipt this Period 2300.00
	City State Zip Code North Las Vegas NV 89081-6681	
	FEC ID number of contributing federal political committee.	
	Name of Employer Card Player Cruises	Occupation Partner
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00

Transaction ID: AF7B871F894594292842

C.	Full Name (Last, First, Middle Initial) Mary Jane Checchi	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 5409 Spangler Avenue	Amount of Each Receipt this Period 250.00
	City State Zip Code Bethesda MD 20816-1847	
	FEC ID number of contributing federal political committee.	
	Name of Employer Self-Employed	Occupation Author
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1750.00

Transaction ID: A3E12BD43B2C24C6CADD

SUBTOTAL of Receipts This Page (optional)	4850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 218
	<input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17a <input type="checkbox"/> 17b <input type="checkbox"/> 17c <input type="checkbox"/> 17d <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Naveen Choudary		Date of Receipt
Mailing Address 1 Fawcett Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 2 / 2 0 0 8
City State Zip Code Greenwich CT 06830-6553		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		2300.00
Name of Employer Occupation Shumway Capital Analyst		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00
		Transaction ID: AF16DA6CD1C634ABBD1

B. Full Name (Last, First, Middle Initial) Mr. Tobin Cobb		Date of Receipt
Mailing Address 18 Red Top Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 5 / 2 0 0 8
City State Zip Code Riverside CT 06878-2617		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Occupation Deutsche Bank Banker		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00
		Transaction ID: A360ADAA9F0144C2B98B

C. Full Name (Last, First, Middle Initial) Mr. Jack M Cohen		Date of Receipt
Mailing Address 2 N LaSalle #800		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 5 / 2 0 0 8
City State Zip Code Chicago IL 60602-3785		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Occupation Cohen Financial CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00
		Transaction ID: AD11F805FC0FC4C23AE9

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 218
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Lewis Cole	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 340 West 55th St apt 7d	Amount of Each Receipt this Period 300.00
	City State Zip Code New York NY 10019	
	FEC ID number of contributing federal political committee.	Transaction ID: AAEDD8BB9CAF5431DAAD
	Name of Employer Playbill Inc.		Occupation Accountant
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

B.	Full Name (Last, First, Middle Initial) Richard Collins	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 2111 Wilson Boulevard Suite 700	Amount of Each Receipt this Period 1000.00
	City State Zip Code Arlington VA 22201-3052	
	FEC ID number of contributing federal political committee.	Transaction ID: A3185545CD98E44A3897
	Name of Employer Collins & Company		Occupation Consultant
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey J Connaughton	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 1133 Connecticut Avenue NW	Amount of Each Receipt this Period 1000.00
	City State Zip Code Washington DC 20036	
	FEC ID number of contributing federal political committee.	Transaction ID: A2BFF6CEF21B94725946
	Name of Employer Quinn Gillespie & Associates, LLC		Occupation Partner
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Douglas Cooper	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8
	Mailing Address 6124 Overlea Road	Amount of Each Receipt this Period 500.00
	City State Zip Code Bethesda MD 20816-2241	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation American Capital Managing Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Transaction ID: A32E210E36C934799977

B.	Full Name (Last, First, Middle Initial) Mr. Lance Cote	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	Mailing Address 201 N. Mill Street	Amount of Each Receipt this Period 250.00
	City State Zip Code Aspen CO 81611-1557	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Self Employed Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	Transaction ID: AEF632C1745B6495CBF0

C.	Full Name (Last, First, Middle Initial) Leonard Cotton	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	Mailing Address 186 Indian Rock Rd	Amount of Each Receipt this Period 800.00
	City State Zip Code New Canaan CT 06840-3117	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation ARCap REIT, Inc. Chairman and CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: AAF09A93B0E3A4F96B06

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 218				
	<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Matt Crakes		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8	
Mailing Address 1 Fawcett Plaza		Amount of Each Receipt this Period 2300.00	
City Greenwich	State CT	Zip Code 06830-6553	
FEC ID number of contributing federal political committee.		Transaction ID: A8F1163FD49F24BD5B3B	
Name of Employer Shumway Capital	Occupation Managing Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

B. Full Name (Last, First, Middle Initial) Mr. Charles Lee Culbreth		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8	
Mailing Address 3800 Laxton Ct.		Amount of Each Receipt this Period 500.00	
City Charlotte	State NC	Zip Code 28270-3716	
FEC ID number of contributing federal political committee.		Transaction ID: A8BE6321CC79143F987A	
Name of Employer Wachovia Securities	Occupation Commercial Real Estate		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Ms. Dottie Cunningham		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8	
Mailing Address 230 Park Place		Amount of Each Receipt this Period 500.00	
City Brooklyn	State NY	Zip Code 11238-4343	
FEC ID number of contributing federal political committee.		Transaction ID: AD6D89DDE055D4B6987D	
Name of Employer CMSA	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3300.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Dino J. De Concini	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 3125 Garfield Street NW	Amount of Each Receipt this Period 500.00
	City State Zip Code Washington DC 20008-3538	
	FEC ID number of contributing federal political committee.	
	Name of Employer N/A Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	Transaction ID: A893D81BE56334F94BA9

B.	Full Name (Last, First, Middle Initial) Mr. Jeffrey DeBoer	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 7711 Southdown Road	Amount of Each Receipt this Period 1500.00
	City State Zip Code Alexandria VA 22308-1340	
	FEC ID number of contributing federal political committee.	
	Name of Employer Real Estate Roundtab Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1600.00	Transaction ID: AA42323CDFA45412EAF5

C.	Full Name (Last, First, Middle Initial) Ms. Annemarie Dicola	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 65 Vaneck Drive	Amount of Each Receipt this Period 500.00
	City State Zip Code New Rochelle NY 10804-1203	
	FEC ID number of contributing federal political committee.	
	Name of Employer Trepp, LLC Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Transaction ID: A2E0AED9EBD224C9889F

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. John Dymont	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 22 Daffodil Lane	Amount of Each Receipt this Period 2300.00
	City State Zip Code Cos Cob CT 06807-1409	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Shumway Capital President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A66315EAF5B524CE48AB

B.	Full Name (Last, First, Middle Initial) Ms. Jan Fisher	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 3549 Blackstone Street	Amount of Each Receipt this Period 2300.00
	City State Zip Code Las Vegas NV 89121-3723	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Card Player Cruises Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A8E9B937DD8BF41519F1

C.	Full Name (Last, First, Middle Initial) Mr. Robert Foley	Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 5 Tulip Tree Lane	Amount of Each Receipt this Period 750.00
	City State Zip Code Darien CT 06820-4912	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Gramercy Capital Management Real Estate Finance	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00	Transaction ID: A39166754145E4BBB8A1

SUBTOTAL of Receipts This Page (optional)	5350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Joseph Forte	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Mailing Address 32 Inness Place	Amount of Each Receipt this Period 250.00
	City State Zip Code Manhasset NY 11030-2609	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Alston & Bird Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	Transaction ID: A831C4F57C32A4EB3A7F

B.	Full Name (Last, First, Middle Initial) Mr. David Forti	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Mailing Address 601 W. Gravers Lane	Amount of Each Receipt this Period 500.00
	City State Zip Code Philadelphia PA 19118-4127	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Dechert LLP Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Transaction ID: AEDE0515A0B8F4C80AA1

C.	Full Name (Last, First, Middle Initial) Mrs. Ann Todd Free	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Mailing Address 2525 Belmont Road NW	Amount of Each Receipt this Period 1000.00
	City State Zip Code Washington DC 20008-1613	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation N/A Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: AE48BCAEA2FF74FE49CE

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Mark Gitenstein	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 656 East Capital Street NE	Amount of Each Receipt this Period 1000.00
	City State Zip Code Washington DC 20003-1233	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Meyer Brown LLP Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: AB8160D29E16E432CA65

B.	Full Name (Last, First, Middle Initial) Thomas Gittins	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 6834 Woodland Ave	Amount of Each Receipt this Period 500.00
	City State Zip Code Falls Church VA 22046-2324	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Gittins & Associates Inc President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	Transaction ID: A6D683930F2E74F858F4

C.	Full Name (Last, First, Middle Initial) J. Joseph Grandmaison	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 2301 N St NW #201	Amount of Each Receipt this Period 300.00
	City State Zip Code Washington DC 20037-1129	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation U.S. Export-Import Bank Member, Board of Directors	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A63A02D2A7A734E518C6

SUBTOTAL of Receipts This Page (optional)	▶	1800.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Daniel Karp		Date of Receipt
	Mailing Address 86 Catherine Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Scarsdale	NY	10583-6919
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			1000.00
Name of Employer Shumway Capital		Occupation General Counsel	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		1000.00	Transaction ID: ABEE80FB735764A07AE2

B.	Full Name (Last, First, Middle Initial) Ms. Jessica Karp		Date of Receipt
	Mailing Address 326 Round Hill Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Greenwich	CT	06831-3343
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			1000.00
Name of Employer N/A		Occupation N/a	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		1000.00	Transaction ID: A881C05D93503454B931

C.	Full Name (Last, First, Middle Initial) Mr. Kevin D. Kayes		Date of Receipt
	Mailing Address 2321 N. Jackson Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Arlington	VA	22201-4323
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			1000.00
Name of Employer Quinn Gillespie & Associates, LLC		Occupation Lobbyist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		2000.00	Transaction ID: A39CF4731F4334C5CAD4

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 218
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Thomas Kelley	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 114 Steele Road	Amount of Each Receipt this Period 500.00
	City State Zip Code West Hartford CT 06119-1156	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Babson Capital Managing Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Transaction ID: A3D402114A1704369885

B.	Full Name (Last, First, Middle Initial) Richard Larson	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 141 S. Scoville Ave	Amount of Each Receipt this Period 100.00
	City State Zip Code Oak Park IL 60302	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Univ. of Illinois at Chicago Retired Professor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	Transaction ID: ABC454B89D5394DC6BEB

C.	Full Name (Last, First, Middle Initial) Mr. Guy Levy	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 169 Greenwich Avenue	Amount of Each Receipt this Period 2300.00
	City State Zip Code Greenwich CT 06830-6572	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Shumway Capital Analyst	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A92B2C2A0A7684FEDA50

SUBTOTAL of Receipts This Page (optional)	2900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Michael Lewan	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 8232 Stacey Road	Amount of Each Receipt this Period 250.00
	City State Zip Code Alexandria VA 22308-1651	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation BrownRudnick Principal	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	Transaction ID: AF8EFA818A1C24364BC9

B.	Full Name (Last, First, Middle Initial) Mr. James E. McGaugh	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 494 High Rock Street	Amount of Each Receipt this Period 500.00
	City State Zip Code Needham MA 02492-1619	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Citigroup Corp VP Government Affairs	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	Transaction ID: A964114823829454B878

C.	Full Name (Last, First, Middle Initial) Mr. Zacharais M Miller	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 6813 Bottle Sage Avenue	Amount of Each Receipt this Period 2300.00
	City State Zip Code Las Vegas NV 89130-1649	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Card Player Cruises Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: AD1196419B76F483B994

SUBTOTAL of Receipts This Page (optional)	3050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Terry Muilenburg		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
Mailing Address 3625 N. Upland St		Amount of Each Receipt this Period 250.00	
City Arlington	State VA	Zip Code 22207-4532	
FEC ID number of contributing federal political committee.		Transaction ID: A3E6E7BDF15314AC49F8	
Name of Employer USA Funds	Occupation Gov Affairs		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 850.00		

B. Full Name (Last, First, Middle Initial) Mrs. Christine Naylor		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
Mailing Address 6369 31st Place NW		Amount of Each Receipt this Period 500.00	
City Washington	State DC	Zip Code 20015	
FEC ID number of contributing federal political committee.		Transaction ID: A177D5D1AF805496F849	
Name of Employer Results/REF	Occupation Executive Director		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

C. Full Name (Last, First, Middle Initial) Mr. Daniel Oginsky		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
Mailing Address 10414 Greenbrier		Amount of Each Receipt this Period 500.00	
City Brighton	State MI	Zip Code 48114-8998	
FEC ID number of contributing federal political committee.		Transaction ID: AD5AA47205D8E47E38E8	
Name of Employer ITC Holdings Corp	Occupation General Counsel		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 218
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mrs. Inge Oliverio	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 4916 E. Calle Ventura	Amount of Each Receipt this Period 2300.00
	City State Zip Code Phoenix AZ 85018-4459	
	FEC ID number of contributing federal political committee.	
	Name of Employer Oliverio Group	Occupation Executive
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: AE2AD735C01FC41CC928

B.	Full Name (Last, First, Middle Initial) Mr. Steve Oliverio	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 4916 E. Calle Ventura	Amount of Each Receipt this Period 2300.00
	City State Zip Code Phoenix AZ 85018-4459	
	FEC ID number of contributing federal political committee.	
	Name of Employer Oliverio Group	Occupation Executive
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A25F4AF350CC547C5B5A

C.	Full Name (Last, First, Middle Initial) Mr. Kenneth Palumbo	Date of Receipt MM / DD / YYYY 04 / 02 / 2008
	Mailing Address 50 Center Street	Amount of Each Receipt this Period 2300.00
	City State Zip Code Westport CT 06880-5312	
	FEC ID number of contributing federal political committee.	
	Name of Employer Shumway Capital	Occupation Coo
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A8A69CA0A5DBE421A969

SUBTOTAL of Receipts This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Mark A. Patterson		Date of Receipt
	Mailing Address 3971 Harrison Street NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20015-1937
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			1300.00
Name of Employer Goldman Sachs		Occupation VP	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
			2300.00
			Transaction ID: ADE167FDF5A834E498E7

B.	Full Name (Last, First, Middle Initial) Ms. Evelyn Pellicane		Date of Receipt
	Mailing Address 172 Southwood Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Fairfield	CT	06825-1647
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			1000.00
Name of Employer Self-Employed		Occupation Musician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
			1000.00
			Transaction ID: AA125ED60D6FF4B35A8C

C.	Full Name (Last, First, Middle Initial) Ms. Lisa Pendergast		Date of Receipt
	Mailing Address 1 Jules Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Montvale	NJ	07645-1367
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			500.00
Name of Employer RBS Greenwich Capital		Occupation CMBS Bond Agent	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
			500.00
			Transaction ID: A3DD04D9E147B4E50A24

SUBTOTAL of Receipts This Page (optional)	▶	2800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 218
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Stephen Plavin		Date of Receipt
Mailing Address 71 Great Hills Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 8 / 2 0 0 8
City State Zip Code Short Hills NJ 07078-3024		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Occupation Capital Trust Coo		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00
		Transaction ID: A00F3F9E9377B44CCB48

B. Full Name (Last, First, Middle Initial) Walter Plourde		Date of Receipt
Mailing Address 4 Randall Ct , #2		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 8 / 2 0 0 8
City State Zip Code Annapolis MD 21401		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		100.00
Name of Employer Occupation Jenzabar, Inc. Software Engineer		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00
		Transaction ID: ACB8EF0A73D41428C922

C. Full Name (Last, First, Middle Initial) Mr. Kevin F. Quigley		Date of Receipt
Mailing Address 1600 North Oak St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 8 / 2 0 0 8
City State Zip Code Arlington VA 22209-2735		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Occupation National Peace Corps Association President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1100.00
		Transaction ID: A9CE31018CAB34407B41

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Eric Quirk		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 3742 Landa Street		Amount of Each Receipt this Period 100.00
	City Los Angeles	State CA		Zip Code 90039-3572
	FEC ID number of contributing federal political committee.		Transaction ID: A8320C1E2554645889EC
	Name of Employer Self Employed	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00		

B.	Full Name (Last, First, Middle Initial) Ms. Sandra Ratner		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 6813 Bottle Sage Avenue		Amount of Each Receipt this Period 2300.00
	City Las Vegas	State NV		Zip Code 89130-1649
	FEC ID number of contributing federal political committee.		Transaction ID: A6A84F205EC304A5593F
	Name of Employer Card Player Cruises	Occupation Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

C.	Full Name (Last, First, Middle Initial) Ms. Diana Reid		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 8000 Westpark Drive		Amount of Each Receipt this Period 1000.00
	City McLean	State VA		Zip Code 22102-3105
	FEC ID number of contributing federal political committee.		Transaction ID: A06E8DF8A88674766860
	Name of Employer PNC Bank	Occupation Banker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	3400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 218
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Lucia Riddle	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 1099- 22nd Street NW Apt. 407	Amount of Each Receipt this Period 250.00
	City State Zip Code Washington DC 20037-1824	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Principal Financial Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	Transaction ID: AFE8B9A25B33F4627955

B.	Full Name (Last, First, Middle Initial) Ms. Susan M. Riley	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 3072 Q Street, NW	Amount of Each Receipt this Period 200.00
	City State Zip Code Washington DC 20007-3080	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Foley & Lardner Lobbyist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: A0E8C250EFD944320AAE

C.	Full Name (Last, First, Middle Initial) Mr. Steven Rodger	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 623 Lake Avenue	Amount of Each Receipt this Period 2300.00
	City State Zip Code Greenwich CT 06830-3833	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Equinox Capital Inc. Fund Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: ABC5620ADDBE14F888FA

SUBTOTAL of Receipts This Page (optional)	▶	2750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Patrick Sargent		Date of Receipt
	Mailing Address 4609 San Gabriel		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Dallas	TX	75229-4232
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer Andrews Kurth LLP		Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	Transaction ID: A34E22EEF90E3491193E

B.	Full Name (Last, First, Middle Initial) Mr. John M Scheurer		Date of Receipt
	Mailing Address 4106 Rosemary Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Chevy Chase	MD	20815-5220
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer Allied Capitol Corp		Occupation Managing Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	Transaction ID: AF06E98DCE3C9451C902

C.	Full Name (Last, First, Middle Initial) Ms. Linda Schwartz		Date of Receipt
	Mailing Address 2 Ledgemoor Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Westport	CT	06880-3708
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer N/A		Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	Transaction ID: AE2D68E29466C42DBA24

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 218
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Neil Shah		Date of Receipt
	Mailing Address 170 E. 87th Street Apt. W 17D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 2 / 2 0 0 8
	City	State	Zip Code
	New York	NY	10128-2240
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer Shumway Capital		Occupation Managing Director
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	Amount of Each Receipt this Period <input type="text"/> 2300.00
			Transaction ID: A3AF076385DB84D4EAD1

B.	Full Name (Last, First, Middle Initial) Mrs. Carrie Shumway		Date of Receipt
	Mailing Address 1 Fawcett Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Greenwich	CT	06830-6553
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer N/A		Occupation Homemaker
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	Amount of Each Receipt this Period <input type="text"/> 2300.00
			Transaction ID: A7172ACCDECC542B3B63

C.	Full Name (Last, First, Middle Initial) Mr. Chris Shumway		Date of Receipt
	Mailing Address 1 Fawcett Plaza		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Greenwich	CT	06830-6553
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer Shumway Capital		Occupation CEO
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	Amount of Each Receipt this Period <input type="text"/> 2300.00
			Transaction ID: A933AE59976654B2C8E0

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 6900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Nathan Stearns		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 926 Cherry Street		Amount of Each Receipt this Period 250.00
	City Winnetka	State IL		Zip Code 60093-2411
	FEC ID number of contributing federal political committee.		Transaction ID: A1A31862C32A14D1FAEA
	Name of Employer Macquarie Bank	Occupation Banker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Mr. Alex Sternhell		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 4409 River Road NW		Amount of Each Receipt this Period 2300.00
	City Washington	State DC		Zip Code 20016-4059
	FEC ID number of contributing federal political committee.		Transaction ID: A0DD49A133D3F4635B5A
	Name of Employer The Cypress Group	Occupation Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

C.	Full Name (Last, First, Middle Initial) Mr. Kenneth Tamaro		Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 315 Indian Trail Drive		Amount of Each Receipt this Period 1000.00
	City Franklin Lakes	State NJ		Zip Code 07417-1016
	FEC ID number of contributing federal political committee.		Transaction ID: A4689DD176B6241F4A6D
	Name of Employer UST Inc	Occupation Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	3550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. John Taylor	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 300 CPW	Amount of Each Receipt this Period 1000.00
	City State Zip Code New York NY 10024-1513	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Surrey Hill Capital Managing Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: AA52C2A30C7D34121BBF

B.	Full Name (Last, First, Middle Initial) Mrs. Lisa Tenner	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 121 Quinn Run Road	Amount of Each Receipt this Period 2300.00
	City State Zip Code Henderson NV 89014	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Card Player Cruises Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A069E67D02FE64E798AF

C.	Full Name (Last, First, Middle Initial) Mr. Mark Tenner	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 121 Quail Run Road	Amount of Each Receipt this Period 2300.00
	City State Zip Code Henderson NV 89014-2129	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Card Player Cruises Partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: AFE899DB580654B6FAA5

SUBTOTAL of Receipts This Page (optional)	5600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Richard C Trepp	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Mailing Address 477 Madison Avenue 18th Avenue	Amount of Each Receipt this Period 500.00
	City State Zip Code New York NY 10022-5852	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Rockport Group, LLC Chairman	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
		Transaction ID: A5387750CBF6442E495A

B.	Full Name (Last, First, Middle Initial) Mr. Bruce Viergever	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 2 / 2 0 0 8
	Mailing Address 9 Alden Avenue	Amount of Each Receipt this Period 500.00
	City State Zip Code Norwalk CT 06855-2501	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Nomura Real Estate	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
		Transaction ID: A226136F1938F40FF8D1

C.	Full Name (Last, First, Middle Initial) Mr. Edward Vitelli	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 8
	Mailing Address 5146 Nebraska Avenue NW	Amount of Each Receipt this Period 500.00
	City State Zip Code Washington DC 20008-2047	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Information Requested Information Requested	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00
		Transaction ID: A819D79F385104999994

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Martin D Weiss		Date of Receipt
	Mailing Address 115 playa Rienta Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Palm Beach Gardens	FL	33418-6210
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			1000.00
Name of Employer Weiss Research, Inc.		Occupation Publisher	Transaction ID: A5AD8FEE804E642B699A
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) n/a Unitemized Donors		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			1283.00
	Name of Employer		Occupation	Unitemized Donors Transaction ID: U5421452E7AC441859F5
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1283.00	

SUBTOTAL of Receipts This Page (optional)	▶	2283.00
TOTAL This Period (last page this line number only)	▶	88383.00

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input checked="" type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Alston & Bird PAC		Date of Receipt
	Mailing Address 601 Pennsylvania Avenue NW North Building, 10th Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 4 / 2 0 0 8
	City State Zip Code Washington DC 20004-2601		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		<input type="text"/> 2300.00
	Name of Employer Occupation		Transaction ID: A99470C26BAD746E58EE
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼		<input type="text"/> 2300.00	

B.	Full Name (Last, First, Middle Initial) APWU		Date of Receipt
	Mailing Address 1300 L Street NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 1 / 2 0 0 8
	City State Zip Code Washington DC 20005-4107		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		<input type="text"/> 5000.00
	Name of Employer Occupation		Transaction ID: ADD15973D9D3C471884B
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼		<input type="text"/> 5000.00	

C.	Full Name (Last, First, Middle Initial) Commercial Mortgage Securities PAC		Date of Receipt
	Mailing Address 30 Broad Street 28th Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 4 / 2 0 0 8
	City State Zip Code New York NY 10004-2304		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		<input type="text"/> 4000.00
	Name of Employer Occupation		Transaction ID: AF447FD635D4D428CA22
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼		<input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 11300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 218
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input checked="" type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) EBay Inc. PAC		Date of Receipt
	Mailing Address 228 South Washington Street Suite 115		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/>	1000.00
<input type="checkbox"/> Other (specify) ▼		3100.00	
			Transaction ID: A56525E06038346FEA65

B.	Full Name (Last, First, Middle Initial) Federal Express PAC		Date of Receipt
	Mailing Address 942 S. Shady Grove Road 1st Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Memphis	TN	38120-4117
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/>	5000.00
<input type="checkbox"/> Other (specify) ▼		5000.00	
			Transaction ID: A7BFC928AB98C459A91E

C.	Full Name (Last, First, Middle Initial) Financial Planning Association PAC		Date of Receipt
	Mailing Address 1615 L St NW Suite 650		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/>	1500.00
<input type="checkbox"/> Other (specify) ▼		5000.00	
			Transaction ID: A93AE009C1CF34FCA85D

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input checked="" type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) First State PAC		Date of Receipt		
	Mailing Address		M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Wilmington	DE	19804	5000.00	
	FEC ID number of contributing federal political committee.		Transaction ID: A9291F2360798459787C		
	Name of Employer		Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00			

B.	Full Name (Last, First, Middle Initial) Glacier PAC		Date of Receipt		
	Mailing Address		M M / D D / Y Y Y Y Y 0 4 / 2 9 / 2 0 0 8		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Washington	DC	20006-2702	5000.00	
	FEC ID number of contributing federal political committee.		Transaction ID: AFECDD483FF15433FAFF		
	Name of Employer		Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00			

C.	Full Name (Last, First, Middle Initial) National Air Traffic Controllers Association PAC		Date of Receipt		
	Mailing Address		M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 8		
	City	State	Zip Code	Amount of Each Receipt this Period	
	Washington	DC	20005-4171	5000.00	
	FEC ID number of contributing federal political committee.		Transaction ID: AA911F736B55745A8865		
	Name of Employer		Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 5000.00			

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 218
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input checked="" type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial)
Progressive Patriots Fund PAC

Mailing Address
PO Box 628008

City State Zip Code
Middleton WI 53562-8008

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Amount of Each Receipt this Period
2000.00

Transaction ID: A732D7735CBD04F02AA1

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

Mailing Address
1301 Pennsylvania Avenue NW Suite 900

City State Zip Code
Washington DC 20004-1706

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 17 / 2008

Amount of Each Receipt this Period
1000.00

Transaction ID: A2BFC01B50876481DB10

C. Full Name (Last, First, Middle Initial)
United Mine Workers of America

Mailing Address
8315 Lee Highway 5th Floor

City State Zip Code
Fairfax VA 22031

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
04 / 24 / 2008

Amount of Each Receipt this Period
2500.00

Transaction ID: A166D3142CDD44A4785F

SUBTOTAL of Receipts This Page (optional) ▶ **5500.00**

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

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 36 / 218	
	(check only one)			
<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c
				<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Zurich Holding Co PAC		Date of Receipt		
	Mailing Address 1201 F Street NW Suite 250		M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8		
	City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.		2500.00		
	Name of Employer	Occupation			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		4500.00		
Transaction ID: AD1F2415EF12244D2BE0					

SUBTOTAL of Receipts This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	41800.00

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Citizen's Commission on Civil Rights	Date of Receipt
	Mailing Address 2000 M Street NW Suite 400	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 7 / 2 0 0 8
	City State Zip Code Washington DC 20036-3397	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text"/> 300.00
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/> 300.00

Transaction ID: ADFA74666DEF54FA990C

B.	Full Name (Last, First, Middle Initial) Inside Higher Ed, Inc.	Date of Receipt
	Mailing Address 2121 K Street NW Suite 630	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 7 / 2 0 0 8
	City State Zip Code Washington DC 20037-1853	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text"/> 739.84
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/> 739.84

Transaction ID: A2BDE08F7601C4A9FB1E

C.	Full Name (Last, First, Middle Initial) Interstate Power and Light Co.	Date of Receipt
	Mailing Address PO Box 5007	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 0 / 2 0 0 8
	City State Zip Code Dubuque IA 52004-5007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text"/> 719.58
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text"/> 719.58

Transaction ID: A009C906BB832491C97D

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1759.42
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 218

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Lewis Consulting Services LLC		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8	
Mailing Address PO Box 753		Amount of Each Receipt this Period 600.00	
City South Windsor	State CT	Zip Code 06074-0753	
FEC ID number of contributing federal political committee.		Transaction ID: A2C549C1DF109437698F	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 600.00	

B. Full Name (Last, First, Middle Initial) MSHC Partners, Inc.		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
Mailing Address 1155 15th Street NW Suite 300		Amount of Each Receipt this Period 911.40	
City Washington	State DC	Zip Code 20005-2738	
FEC ID number of contributing federal political committee.		Transaction ID: A2F28E48034D447A6A66	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 911.40	

C. Full Name (Last, First, Middle Initial) Nader 2008 Presidential Exploratory Committee		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
Mailing Address 1673 Columbia Road NW Apt. 702		Amount of Each Receipt this Period 2500.00	
City Washington	State DC	Zip Code 20009-3624	
FEC ID number of contributing federal political committee.		Transaction ID: A908561615E2748ECB11	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 4083.88	

SUBTOTAL of Receipts This Page (optional) ▶	4011.40
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Nader 2008 Presidential Exploratory Committee	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 1673 Columbia Road NW Apt. 702	Amount of Each Receipt this Period 1583.88
	City State Zip Code Washington DC 20009-3624	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4083.88	Transaction ID: A82AC688664D04E68BAF

B.	Full Name (Last, First, Middle Initial) NDN PAC	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 729 15th ST NW Suite 200	Amount of Each Receipt this Period 1434.91
	City State Zip Code Washington DC 20005-2130	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1434.91	Transaction ID: A0978FC9B39AF44728D2

C.	Full Name (Last, First, Middle Initial) Safe Healthy Affordable Energy In New York, Inc.	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 445 Hamilton Avenue Suite 1102	Amount of Each Receipt this Period 677.99
	City State Zip Code White Plains NY 10601-1832	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 677.99	Transaction ID: A4908BE9B74BF4588A45

SUBTOTAL of Receipts This Page (optional)	▶	3696.78
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 218
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input type="checkbox"/> 17a <input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Leslie Andrew Bowman	Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 7353 Springleigh Way	Amount of Each Receipt this Period 318.00
	City State Zip Code Alexandria VA 22315-3623	
	FEC ID number of contributing federal political committee.	Transaction ID: AB9034E93A13F431F9A1
	Name of Employer Information Requested	
Occupation Information Requested		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 318.00	

B.	Full Name (Last, First, Middle Initial) Mr. Gregory A Joseph	Date of Receipt MM / DD / YYYY 04 / 10 / 2008
	Mailing Address 2610 Marina Mile Apt. 401 East	Amount of Each Receipt this Period 1000.00
	City State Zip Code Ft Lauderdale FL 33312-4830	
	FEC ID number of contributing federal political committee.	Transaction ID: A823D59C2B44E40D0878
	Name of Employer Information Requested	
Occupation Information Requested		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Ms. Cassandra Lentchner	Date of Receipt MM / DD / YYYY 04 / 10 / 2008
	Mailing Address 315 East 70th Street Apt 6K	Amount of Each Receipt this Period 500.00
	City State Zip Code New York NY 10021-8667	
	FEC ID number of contributing federal political committee.	Transaction ID: A9BC9ED341BDC4D4BA05
	Name of Employer Information Requested	
Occupation Information Requested		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1818.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 218
	(check only one)
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b
<input checked="" type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Gretchen Michael		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8	
Mailing Address 3920 Keller Ave		Amount of Each Receipt this Period 500.00	
City Alexandria	State VA	Zip Code 22302	
FEC ID number of contributing federal political committee.		Transaction ID: AC032D49B73224E45A87	
Name of Employer Booz Allen Hamilton	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Mr. Patrick M Mills		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8	
Mailing Address 500 S Adams Street		Amount of Each Receipt this Period 100.00	
City Arlington	State VA	Zip Code 22204-2061	
FEC ID number of contributing federal political committee.		Transaction ID: A58DF895C608C467CBDE	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00		

C. Full Name (Last, First, Middle Initial) Ms. Madeline C Pinckert		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8	
Mailing Address 11624 Lake Potomac Drive		Amount of Each Receipt this Period 539.40	
City Potomac	State MD	Zip Code 20854-1225	
FEC ID number of contributing federal political committee.		Transaction ID: A1E30D17B517E49D4905	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 539.40		

SUBTOTAL of Receipts This Page (optional)	1139.40
TOTAL This Period (last page this line number only)	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 218
	(check only one)
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b
<input checked="" type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Cecilia Joan Prewett	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Mailing Address 703 7th Street SE	Amount of Each Receipt this Period 300.00
	City State Zip Code Washington DC 20003-2740	
	FEC ID number of contributing federal political committee.	Transaction ID: A21FF9DDF439045AAB0B
	Name of Employer Information Requested Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Ms. Peggy Proctor	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Mailing Address 2404 Rosecroft Ct.	Amount of Each Receipt this Period 407.99
	City State Zip Code Oxon Hill MD 20745-3644	
	FEC ID number of contributing federal political committee.	Transaction ID: AD33E9B4D5FE841DEA78
	Name of Employer Information Requested Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 407.99		

C.	Full Name (Last, First, Middle Initial) Mr. Alex R Reid	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8
	Mailing Address 18814 Hundred Acre Lane	Amount of Each Receipt this Period 200.00
	City State Zip Code Triangle VA 22172-2047	
	FEC ID number of contributing federal political committee.	Transaction ID: A5393B93198514DBA824
	Name of Employer Information Requested Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 392.00		

SUBTOTAL of Receipts This Page (optional)	907.99
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 218
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Alex R Reid		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 18814 Hundred Acre Lane		Amount of Each Receipt this Period 192.00
	City Triangle	State VA		Zip Code 22172-2047
	FEC ID number of contributing federal political committee.		Transaction ID: ACA103CF2190E4B8F91A
	Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 392.00		

B.	Full Name (Last, First, Middle Initial) Cyndee M Shiveley		Date of Receipt MM / DD / YYYY 04 / 24 / 2008
	Mailing Address 1653 Main Road		Amount of Each Receipt this Period 100.00
	City Granville	State MA		Zip Code 01034-9716
	FEC ID number of contributing federal political committee.		Transaction ID: AA5445EFDBC6C4AC59EC
	Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) J G Staal		Date of Receipt MM / DD / YYYY 04 / 17 / 2008
	Mailing Address 20065 Beaver Dam Road		Amount of Each Receipt this Period 161.37
	City Beaverdam	State VA		Zip Code 23015-1119
	FEC ID number of contributing federal political committee.		Transaction ID: AA688BDD4860F45CB8D2
	Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 340.77		

SUBTOTAL of Receipts This Page (optional)	453.37
TOTAL This Period (last page this line number only)	20860.30

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 45 / 218

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 126 Marrow Road City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B01E4F95CDC414E43AB7 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 107.47 Category/Type
B. Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 126 Marrow Road City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFB1AF32612AF4939908 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 97.26 Category/Type
C. Full Name (Last, First, Middle Initial) Allied Telecom Mailing Address PO BOx 758792 City Baltimore State MD Zip Code 21275 Purpose of Disbursement Internet Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6C70B085B00D49CDBC7 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 850.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

1054.73

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 46 / 218

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 981535</p> <p>City El Paso State TX Zip Code 79998-1535</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2D9CEB2AF0AD4F5A8FD</p> <p>Date of Disbursement 04 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 981535</p> <p>City El Paso State TX Zip Code 79998-1535</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA850B1C395A349B7A63</p> <p>Date of Disbursement 04 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 92867.00</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMTRAK</p> <p>Mailing Address Washington Union Station 60 Massachusetts Ave</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5268B124AA9443C6865</p> <p>Date of Disbursement 01 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 98.00</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>107867.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 / 218

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 830175 Acct Analysis City Dallas State TX Zip Code 75283-0175 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BD58E00472582442C839 Date of Disbursement 04 / 03 / 2008 Amount of Each Disbursement this Period 343.56 Category/ Type
B.	Full Name (Last, First, Middle Initial) Calling Cards Mailing Address 11757 Katy Frwy, Ste. 390 City Houston State TX Zip Code 77079 Purpose of Disbursement Conference Calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B83A150C2B66B413BAA5 Date of Disbursement 01 / 04 / 2008 Amount of Each Disbursement this Period 120.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Calling Cards Mailing Address 11757 Katy Frwy, Ste. 390 City Houston State TX Zip Code 77079 Purpose of Disbursement Conference Calls Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BE3F17AC7C6764160BA5 Date of Disbursement 01 / 05 / 2008 Amount of Each Disbursement this Period 40.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	343.56
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 218

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Carol Kantor Mailing Address 14 Wolfe Lane City Purchase State NY Zip Code 10577-1110 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B44B4A785E4B247BDA14 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 2285.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Charles George Trucking Co., Inc. Mailing Address PO Box 857 City Londonberry State NH Zip Code 03053 Purpose of Disbursement Utilities Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9109CC30B7DC400AB1C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8 Amount of Each Disbursement this Period 535.52 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Comcast Mailing Address PO Box 1577 City Newark State NJ Zip Code 07101 Purpose of Disbursement Cable Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0DD9B5686BB74054AFC Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8 Amount of Each Disbursement this Period 186.30 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2471.30
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 49 / 218

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Comcast Mailing Address 508-D S Van Dorn Street City Alexandria State VA Zip Code 22304 Purpose of Disbursement Cable Service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B49853ACE816A407EAA9 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 171.70 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Country Inn Hotel Mailing Address 1202 Highway 9 West City Decorah State IA Zip Code 52101-2459 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE3D93B91C7FF4F9CBF0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 862.34 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) CT Dept Taxation Mailing Address 25 Sigourney St. City Hartford State CT Zip Code 06106 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF19A2817003946F8B41 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 368.18

SUBTOTAL of Disbursements This Page (optional) ▶

368.18

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 218

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) CT Dept Taxation <hr/> Mailing Address 25 Sigourney St. <hr/> City Hartford State CT Zip Code 06106 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4758069742C249C5AA0 Date of Disbursement 04 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 260.05
B.	Full Name (Last, First, Middle Initial) DC Dept Taxation <hr/> Mailing Address P.O. Box 470 <hr/> City Washington State DC Zip Code 20044 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B21BE9DE946014B98876 Date of Disbursement 04 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 285.64
C.	Full Name (Last, First, Middle Initial) DC Dept Taxation <hr/> Mailing Address P.O. Box 470 <hr/> City Washington State DC Zip Code 20044 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8C511EB42B0342559FB Date of Disbursement 04 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 256.64

SUBTOTAL of Disbursements This Page (optional) ▶

802.33

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Design Cuisine Mailing Address 2659 S. Shirlington Road City Arlington State VA Zip Code 22206-2529 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B749A91AA1AF040A0B86 Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	Amount of Each Disbursement this Period 3061.94 Category/Type

B. Full Name (Last, First, Middle Initial) Drink More Water Mailing Address Montgomery County Airpark 7595-A Rickenbacker Drive City Gaithersburg State MD Zip Code 20879 Purpose of Disbursement Water Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BADC72369DB6F4DD8BD1 Date of Disbursement MM / DD / YYYY 01 / 31 / 2008
	Amount of Each Disbursement this Period 15.50 Category/Type [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Drink More Water Mailing Address Montgomery County Airpark 7595-A Rickenbacker Drive City Gaithersburg State MD Zip Code 20879 Purpose of Disbursement Water Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: BAE32EE3651BC45AF81B Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	Amount of Each Disbursement this Period 23.96 Category/Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	3061.94
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Enterprise Rent-a-Car Mailing Address 524 14th Street City Des Moines State IA Zip Code 50309-3104 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2124C8B47AAD4CAC8FA Date of Disbursement 01 / 05 / 2008 Amount of Each Disbursement this Period 3087.35 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Extra Space Storage Mailing Address 132 Silas Deane Highway City Wethersfield State CT Zip Code 06109 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B383DB3B03B9C490E827 Date of Disbursement 01 / 25 / 2008 Amount of Each Disbursement this Period 89.04 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Extra Space Storage Mailing Address 132 Silas Deane Highway City Wethersfield State CT Zip Code 06109 Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE672813AE662472ABE1 Date of Disbursement 02 / 25 / 2008 Amount of Each Disbursement this Period 100.70 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 727</p> <p>City Memphis State TN Zip Code 38194</p> <p>Purpose of Disbursement Courier Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3338ECD3810B4B049BC</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 35.42</p>
<p>B. Full Name (Last, First, Middle Initial) Federal Express</p> <p>Mailing Address P.O. Box 727</p> <p>City Memphis State TN Zip Code 38194</p> <p>Purpose of Disbursement Courier Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA04C61EC0BCC453E9D7</p> <p>Date of Disbursement 04 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 31.14</p>
<p>C. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address P.O. Box 371461</p> <p>City Pittsburgh State PA Zip Code 15250-7461</p> <p>Purpose of Disbursement Courier Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8D09FE162BF64892ACF</p> <p>Date of Disbursement 01 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 72.66</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	66.56
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7A57885528254583A82 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 21.15 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B17E2C5A14EAD446F951 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 8 Amount of Each Disbursement this Period 20.92 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B96D9D5BFBE124BBFA3D Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 8 Amount of Each Disbursement this Period 20.92 [MEMO ITEM]

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) FedEx <hr/> Mailing Address P.O. Box 371461 <hr/> City Pittsburgh State PA Zip Code 15250-7461 <hr/> Purpose of Disbursement Courier Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6ECF38AD044640398F2 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 25.21
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) FedEx <hr/> Mailing Address P.O. Box 371461 <hr/> City Pittsburgh State PA Zip Code 15250-7461 <hr/> Purpose of Disbursement Courier Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBE9068E76DF84D9890C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 29.74
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) FedEx <hr/> Mailing Address P.O. Box 371461 <hr/> City Pittsburgh State PA Zip Code 15250-7461 <hr/> Purpose of Disbursement Courier Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDDE547E8566347F7971 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 22.08
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6B1CDAC9100D4B1385B Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8 Amount of Each Disbursement this Period 32.59 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B93E7EC5630804746B2B Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 8 Amount of Each Disbursement this Period 27.29 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) FedEx Mailing Address P.O. Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Courier Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCCACDA57EFC4D57979 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 33.62 [MEMO ITEM]

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

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

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FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Furniture Options Mailing Address 8191 Birchwood Court, Ste. A City Johnston State IA Zip Code 50131-2931 Purpose of Disbursement Equipment Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6BC0839CDF114C9A8E1 Date of Disbursement 01 / 08 / 2008 Amount of Each Disbursement this Period 404.79 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Google.com Mailing Address 1600 Amphitheatre Pkwy City Mountain View State CA Zip Code 94043 Purpose of Disbursement Advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB4E5B06DBAF14516B5F Date of Disbursement 01 / 27 / 2008 Amount of Each Disbursement this Period 5.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Hampton Inn Mailing Address 3583 ST. Mathews Road City Orangeburg State SC Zip Code 29118 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B854D079054864BA098B Date of Disbursement 01 / 05 / 2008 Amount of Each Disbursement this Period 120.99 [MEMO ITEM]

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Hertz Mailing Address 333 W. Harbor Drive City San Diego State CA Zip Code 92101 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8995E42888A84E98956 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 3956.42 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Hertz Mailing Address 333 W. Harbor Drive City San Diego State CA Zip Code 92101 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0F26C17CC1824D779B8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8 Amount of Each Disbursement this Period 802.72 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Hertz Mailing Address 333 W. Harbor Drive City San Diego State CA Zip Code 92101 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDFA2C18FF02245E18AE Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 8 Amount of Each Disbursement this Period 245.92 [MEMO ITEM]

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Hertz Mailing Address 333 W. Harbor Drive City San Diego State CA Zip Code 92101 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0B1FBA3781B94C9081F Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 997.79 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Home Depot Mailing Address 2455 Falls Ferry Road City Atlanta State GA Zip Code 30339 Purpose of Disbursement Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B883E0216CD6E4765ADD Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 7 Amount of Each Disbursement this Period -232.03 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Hotel Vetro Mailing Address 201 South Linn Street City Iowa City State IA Zip Code 52240 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B55AB57EE36A54C94B1E Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 31.46 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Hotel Vetro Mailing Address 201 South Linn Street City Iowa City State IA Zip Code 52240 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDC5CFEF2958E4655808 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8 Amount of Each Disbursement this Period 203.52 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Hotwire Mailing Address 333 Market Street Suite 100 City San Francisco State CA Zip Code 94105 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B331139E6E85A46318D0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8 Amount of Each Disbursement this Period 159.43 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Iowa Bakery Cafe Mailing Address 4040 University Avenue A City Des Moines State IA Zip Code 50311-3559 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2D108A5CF2E14EFDA12 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 29.53 [MEMO ITEM]

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) IRS	Transaction ID: B38AF700429CD44E4A6B
	Mailing Address P.O. Box 8530	Date of Disbursement MM / DD / YYYY 04 / 01 / 2008
	City Philadelphia State PA Zip Code 19162	Amount of Each Disbursement this Period 3166.80
	Purpose of Disbursement Taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) IRS	Transaction ID: BA4A53A6EE7834464A3D
	Mailing Address P.O. Box 8530	Date of Disbursement MM / DD / YYYY 04 / 15 / 2008
	City Philadelphia State PA Zip Code 19162	Amount of Each Disbursement this Period 2820.57
	Purpose of Disbursement Taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) La Quinta Inn & Suites	Transaction ID: B669A57304E6F443EB6E
	Mailing Address 909 Hidden Ridge, Suite 600	Date of Disbursement MM / DD / YYYY 01 / 05 / 2008
	City Irving State TX Zip Code 75038	Amount of Each Disbursement this Period 1881.60
	Purpose of Disbursement Lodging Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	5987.37
TOTAL This Period (last page this line number only)	▶	

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

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) La Quinta Inn & Suites Mailing Address 909 Hidden Ridge, Suite 600 City Irving State TX Zip Code 75038 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B995D3CBC64BA4C9F83D Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 84.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Lexis Nexis Mailing Address P.O. Box 933 City Dayton State OH Zip Code 45401 Purpose of Disbursement Research Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B129F8D44AB9E42F98FF Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 475.88 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Max Downtown Mailing Address City Place 185 Asylum St. City Hartford State CT Zip Code 06103 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2EE3681CA48F4EC59A2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 734.99

SUBTOTAL of Disbursements This Page (optional) ▶

734.99

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) pair Networks, Inc. <hr/> Mailing Address 2403 Sidney St. Suite 210 <hr/> City Pittsburgh State PA Zip Code 15203 <hr/> Purpose of Disbursement Computer/Data Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9BBF14EBA7A04CF8990 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 398.94
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address 242 Trumbull Street <hr/> City Hartford State CT Zip Code 06103 <hr/> Purpose of Disbursement Food & beverage, parking expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B822A8B87A3264D14B67 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 950.00
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Pratt AV <hr/> Mailing Address 333 SW 9th Street, Ste N <hr/> City Des Moines State IA Zip Code 50309-4440 <hr/> Purpose of Disbursement AV Equipment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCFAB80C93F8F4744832 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2482.45
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Pratt AV</p> <p>Mailing Address 333 SW 9th Street, Ste N</p> <p>City Des Moines State IA Zip Code 50309-4440</p> <p>Purpose of Disbursement AV Equipment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B1C27CB5F927C4D1BB73</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="96.62"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Premiere Global Services</p> <p>Mailing Address Data Communications Division 1268 Paysphere Circle</p> <p>City Chicago State IL Zip Code 60674</p> <p>Purpose of Disbursement Blast Faxing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B956E85D3C8BD49329FE</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="746.39"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) RapidForms</p> <p>Mailing Address P.O. Box 88042</p> <p>City Chicago State IL Zip Code 60680-1042</p> <p>Purpose of Disbursement Checks</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B5C87808EFE1F4306A08</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.22"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Residence Inn by Marriott

Mailing Address 10400 Fernwood Road

City Bethesda State MD Zip Code 20817

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B36EDB348CA754CCA892

Date of Disbursement

01 / 05 / 2008

Amount of Each Disbursement this Period

373.30

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Ristorante Luigino

Mailing Address 1100 New York Ave., NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Food & Beverage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B26C9915987804E479BD

Date of Disbursement

01 / 28 / 2008

Amount of Each Disbursement this Period

59.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Shumway Capital

Mailing Address One Fawcett Place

City Greenwich State CT Zip Code 06830-6553

Purpose of Disbursement
Expense for luncheon

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B5ED44CF72F1646F0B63

Date of Disbursement

04 / 02 / 2008

Amount of Each Disbursement this Period

461.49

SUBTOTAL of Disbursements This Page (optional)

461.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36657 City Dallas State TX Zip Code 75235 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8C429C3ACD844E028E8 Date of Disbursement 01 / 29 / 2008 Amount of Each Disbursement this Period 257.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Staples Mailing Address 3307 M Street NW City Washington State DC Zip Code 20002 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4C04E8AB305D4F50AB3 Date of Disbursement 01 / 07 / 2008 Amount of Each Disbursement this Period 21.15 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Staples Mailing Address 3307 M Street NW City Washington State DC Zip Code 20002 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0C9628DB4E1C4F388B1 Date of Disbursement 01 / 11 / 2008 Amount of Each Disbursement this Period 171.32 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Staples Mailing Address 3307 M Street NW City Washington State DC Zip Code 20002 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B837C520E1904424A860 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 8 Amount of Each Disbursement this Period 59.20 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) The Cleaver Company Mailing Address 75 Ninth Avenue City New York State NY Zip Code 10011 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBB380A42628143F8813 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 3305.09
C.	Full Name (Last, First, Middle Initial) The Hotel Fort Des Moines Mailing Address 1000 Walnut Street City Des Moines State IA Zip Code 50309 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0D3CB0794733449CAFC Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 399.22 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

3305.09

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) TiVo Inc.</p> <p>Mailing Address 2160 Gold Street P.O. Box 2160</p> <p>City Alviso State CA Zip Code 95002-2160</p> <p>Purpose of Disbursement Cable Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B04BF03591FDE42F69D0</p> <p>Date of Disbursement 02 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 12.95</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) TiVo Inc.</p> <p>Mailing Address 2160 Gold Street P.O. Box 2160</p> <p>City Alviso State CA Zip Code 95002-2160</p> <p>Purpose of Disbursement Cable Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B339B6BB983E44ABB8CF</p> <p>Date of Disbursement 02 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 29.90</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) TiVo Inc.</p> <p>Mailing Address 2160 Gold Street P.O. Box 2160</p> <p>City Alviso State CA Zip Code 95002-2160</p> <p>Purpose of Disbursement Cable Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1E3439F6704648D8A9E</p> <p>Date of Disbursement 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 16.95</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) United Airlines <hr/> Mailing Address P.O. Box6057 <hr/> City Dearborn State MI Zip Code 48121 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0FF250B6261C44BCB25 Date of Disbursement 12 / 28 / 2007 <hr/> Amount of Each Disbursement this Period -565.60 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) UPS <hr/> Mailing Address PO Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 <hr/> Purpose of Disbursement Courier Service Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD97255E2681D4084AC7 Date of Disbursement 01 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 55.95 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) UPS <hr/> Mailing Address PO Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170 <hr/> Purpose of Disbursement Shipping Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFB4DFF094928472BB0C Date of Disbursement 02 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 91.91 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: B86B018924D094788A81
	Mailing Address PO Box 7247-0244	Date of Disbursement MM / DD / YYYY 02 / 10 / 2008
	City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period 64.03
	Purpose of Disbursement Shipping	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: B362980E54A764268858
	Mailing Address PO Box 7247-0244	Date of Disbursement MM / DD / YYYY 02 / 17 / 2008
	City Philadelphia State PA Zip Code 19170	Amount of Each Disbursement this Period 86.50
	Purpose of Disbursement Shipping	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: B034D54E635E54138803
	Mailing Address 1601 K Street, NW	Date of Disbursement MM / DD / YYYY 02 / 06 / 2008
	City Washington State DC Zip Code 06107	Amount of Each Disbursement this Period 214.00
	Purpose of Disbursement Airfare	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) US Airways <hr/> Mailing Address 1601 K Street, NW <hr/> City Washington State DC Zip Code 06107 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBD6C5A838E544DD9BD4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 100.00 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) USPS <hr/> Mailing Address 12 Crossroads Plaza <hr/> City West Hartford State CT Zip Code 06117 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC7863F2E0394426AB34 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 3.00 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) USRental.com <hr/> Mailing Address 970 Summer Street <hr/> City Stamford State CT Zip Code 06905-5542 <hr/> Purpose of Disbursement Computer Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBAA4F92130F74674B37 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 4658.70 <hr/> [MEMO ITEM]

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address PO Box 660720</p> <p>City Dallas State TX Zip Code 75266</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9AC6C06A418646159CC</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 23.84</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address 8808 Irvine Center Drive</p> <p>City Irvine State CA Zip Code 92618-4201</p> <p>Purpose of Disbursement Monthly Phone Charges Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B983F8E4487464E31BD8</p> <p>Date of Disbursement 02 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 17797.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Voxel.net inc</p> <p>Mailing Address 29 Broadway, 30th Floor</p> <p>City New York State NY Zip Code 10006-3216</p> <p>Purpose of Disbursement Web Hosting Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBKA3E2B6E5714377997</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 2459.50</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address 10 Blackhawk Lane</p> <p>City West Hartford State CT Zip Code 06117</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9C5C6977712145C1ACB</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2009.86</p>
<p>B. Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address 10 Blackhawk Lane</p> <p>City West Hartford State CT Zip Code 06117</p> <p>Purpose of Disbursement Reimbursement for travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDBD86A8881F24893805</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 257.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address 10 Blackhawk Lane</p> <p>City West Hartford State CT Zip Code 06117</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BBE829D9A76934B16923</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2009.86</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4276.72

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

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Emily Fetting Mailing Address 513 Independence Avenue SE City Washington State DC Zip Code 20003-1144 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6B4A6575B0014CF796E Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 1169.87 Category/Type
B.	Full Name (Last, First, Middle Initial) Emily Fetting Mailing Address 513 Independence Avenue SE City Washington State DC Zip Code 20003-1144 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B51DFEE85C5224748AD6 Date of Disbursement 04 / 15 / 2008 Amount of Each Disbursement this Period 1169.87 Category/Type
C.	Full Name (Last, First, Middle Initial) Mr. Vincent Frillici Mailing Address 1100 H St., Ste.940 NW City Washington State DC Zip Code 20005-5476 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B46243CA0CD7B4C299B9 Date of Disbursement 04 / 01 / 2008 Amount of Each Disbursement this Period 1239.13 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	3578.87
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Vincent Frillici <hr/> Mailing Address 1100 H St., Ste.940 NW <hr/> City Washington State DC Zip Code 20005-5476 <hr/> Purpose of Disbursement Reimbursement for travel costs <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	Transaction ID: B9095FAE6CA5542F68F9 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">632.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	8	632.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	7		2	0	0	8														
632.00																							
B.	Full Name (Last, First, Middle Initial) Mr. Vincent Frillici <hr/> Mailing Address 1100 H St., Ste.940 NW <hr/> City Washington State DC Zip Code 20005-5476 <hr/> Purpose of Disbursement Salary <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	Transaction ID: B18D281B57EE24C55B13 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1239.13</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	8	1239.13
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	5		2	0	0	8														
1239.13																							
C.	Full Name (Last, First, Middle Initial) Mr. Vincent Frillici <hr/> Mailing Address 1100 H St., Ste.940 NW <hr/> City Washington State DC Zip Code 20005-5476 <hr/> Purpose of Disbursement Reimb. for food & beverage <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> State: District:	Transaction ID: B2F6109A5201047A78CF Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2156.70</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	0	8	2156.70
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		1	7		2	0	0	8														
2156.70																							

SUBTOTAL of Disbursements This Page (optional)	4027.83
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Vincent Frillici <hr/> Mailing Address 1100 H St., Ste.940 NW <hr/> City Washington State DC Zip Code 20005-5476 <hr/> Purpose of Disbursement Reimbursement for travel related expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B46598FA2A75E4A248A3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1155.20
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Vincent E. Fusco <hr/> Mailing Address 3521 39th St. NW Suite E-497 <hr/> City Washington State DC Zip Code 20016-3069 <hr/> Purpose of Disbursement Tech/Computer Consulting Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE08D32EE3FA444BA977 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 10000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ms. Euginia Gluzberg <hr/> Mailing Address 1380 Paradise Avenue <hr/> City Hamden State CT Zip Code 06514-1017 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B33918DDAC60545ECBAD Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1160.24
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12315.44

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

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Philip Yoo <hr/> Mailing Address 603 Irving Street, NW <hr/> City Washington State DC Zip Code 20010-2905 Purpose of Disbursement Reimbursement for Shredding costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1212A0C04CBE47C4891 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 280.00 Category/Type
B. Full Name (Last, First, Middle Initial) Philip Yoo <hr/> Mailing Address 603 Irving Street, NW <hr/> City Washington State DC Zip Code 20010-2905 Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0D30126CD2964026AE3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1334.10 Category/Type

SUBTOTAL of Disbursements This Page (optional) ►

1614.10

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

156899.56

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input checked="" type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Webster Bank Mailing Address 185 Asylum Street City Hartford State CT Zip Code 06103-3401 Purpose of Disbursement Loan Repayment Candidate Name	Transaction ID: B0189B3796FF746848DA Date of Disbursement 04 / 14 / 2008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
B. Full Name (Last, First, Middle Initial) Webster Bank Mailing Address 185 Asylum Street City Hartford State CT Zip Code 06103-3401 Purpose of Disbursement Loan Repayment Candidate Name	Transaction ID: B9A387E5C9A0948AC827 Date of Disbursement 04 / 03 / 2008
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

232864.60

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

232864.60

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mrs. Margaret Arquit <hr/> Mailing Address 76 North Street <hr/> City Harrison State NY Zip Code 10528-1506 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B93090C66374940888D9 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mrs. Beth R. Atlas <hr/> Mailing Address 9 Sasco Commons <hr/> City Westport State CT Zip Code 06880-4181 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B310A8A26500B4655BAA Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. David S. Atlas <hr/> Mailing Address 9 Sasco Commons <hr/> City Westport State CT Zip Code 06880-4181 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEF1AD558D19B417AA6D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Elizabeth Bailey	Transaction ID: B4F8D3705130646C4820
	Mailing Address 3 Ironwood Ln	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City West Hartford State CT Zip Code 06117-1110	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Mr. David E Barnett	Transaction ID: B8DABC8D67CB747D3934
	Mailing Address 19567 27th Avenue, NW	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Shoreline State WA Zip Code 98177-2954	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Mrs. Kristine Barnett	Transaction ID: B95071423053347EAAE0
	Mailing Address 19567 27th Avenue, NW	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Shoreline State WA Zip Code 98177-2954	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5300.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Joseph Beninati Mailing Address 52 Mason St City Greenwich State CT Zip Code 06830 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7A43FDEB9CA649B08ED Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Mr. Alfred R Berkeley, III Mailing Address 301 Northfield Place City Baltimore State MD Zip Code 21210-2817 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7D3DE54FD36D419C961 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Mrs. Marjorie J. Berkley Mailing Address 475 Steamboat Road City Greenwich State CT Zip Code 06830-7144 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B10E444A533824E88830 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Peter Borish <hr/> Mailing Address 115 Cenral Park West Apt 4c <hr/> City New York State NY Zip Code 10023-4198 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3184D59EBA694456A58 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) Anthony Brigode <hr/> Mailing Address 73 Worth St. PH E <hr/> City New York State NY Zip Code 10013 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B797F06DEABB04D14BDD Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Carolyn Brody <hr/> Mailing Address 2991 Woodland Dr NW Suite # 850 <hr/> City Washington State DC Zip Code 20008-3542 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEEE681799FC64B5FB20 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional)	6700.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 88 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Andrew Bronin <hr/> Mailing Address 11 Windabout Drive <hr/> City Greenwich State CT Zip Code 06831-3702 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6AF8ADC4ECB74DF0AB6 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
B.	Full Name (Last, First, Middle Initial) Ms. Elaine Bronin <hr/> Mailing Address 11 Windabout Drive <hr/> City Greenwich State CT Zip Code 06831-3702 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD3B43CB562D1442FB31 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Jonathan Brooks <hr/> Mailing Address 1999 Avenue of the Stars Suite 2040 <hr/> City Los Angeles State CA Zip Code 90067-6024 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFEE83B8722AC4588A04 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Susan Brophy

Transaction ID: B0A992E391D9944A0A35

Mailing Address 4903 Rock Spring Rd

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City Arlington State VA Zip Code 22207-2705

Amount of Each Disbursement this Period

700.00

Purpose of Disbursement
Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
William Brown

Transaction ID: B915D600A88C441D09CF

Mailing Address C/O Utc Fire & Security
9 Farm Springs

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City Farmington State CT Zip Code 06032-2576

Amount of Each Disbursement this Period

450.00

Purpose of Disbursement
Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Helen Brownstein

Transaction ID: B35987EED3E4B4C85A95

Mailing Address 66 Sedgwick Place

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City Englewood State CO Zip Code 80113-4106

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Refund

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

3150.00

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

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Norman Brownstein Mailing Address 410 - 17th Street 22nd Floor City Denver State CO Zip Code 80202-4437 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2DDBAA8D2E1949F0A08 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) William Bucknall Mailing Address 112 Trumbull Ave City Milford State CT Zip Code 06460-6474 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7B7D2DCF09314A748EB Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 1700.00
C.	Full Name (Last, First, Middle Initial) Ms. Ursula Burns Mailing Address 2 Greenfield Lane City Rochester State NY Zip Code 14610 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD812FFE547174C9AB10 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mary Lynn Cabrera <hr/> Mailing Address 44 Mooreland Road <hr/> City Greenwich State CT Zip Code 06831-2645 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAF6D60A7FC694474A77 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) James Calhoun <hr/> Mailing Address PO Box 379 <hr/> City Pomfret Center State CT Zip Code 06259-1406 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8AF7B994BBB843E6B6B Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Patricia Calhoun <hr/> Mailing Address PO Box 379 <hr/> City Pomfret Center State CT Zip Code 06259-1406 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF21D54028E2340ED836 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4100.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Riaz Cassum <hr/> Mailing Address 7 Locust Road <hr/> City Weston State MA Zip Code 02493-2713 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1DF503F78225447AACB Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Donald Cawley <hr/> Mailing Address 485 Mtn Rd <hr/> City West Hartford State CT Zip Code 06117-1820 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B94B554CA09124838901 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 700.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Timothy R Chrisman <hr/> Mailing Address 350 S. Figueroa #550 <hr/> City Los Angeles State CA Zip Code 90071-1300 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF8E5FF479E7C4756BE1 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5100.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Kevin Clark <hr/> Mailing Address 66 High Ridge Rd <hr/> City Boxford State MA Zip Code 01921-2104 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7EE742DEA11C4243A9F Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Mr. Christopher R. Cloud <hr/> Mailing Address 1322 Asylum Ave. Unit S <hr/> City Hartford State CT Zip Code 06105-6001 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8993CFD18AC54E9798C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 450.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Mr. Edward Cohen <hr/> Mailing Address 13838 Via Tivoli <hr/> City Delray Beach State FL Zip Code 33446-3743 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA40C4064489C4FA7815 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Ms. Sheryl Cohen <hr/> Mailing Address 2241 North Vermont Street <hr/> City Arlington State VA Zip Code 22207-4032 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB919E7587C2B4EACB77 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) Mr. John B. Costello <hr/> Mailing Address 7004 Golfhouse Drive <hr/> City Hobe Sound State FL Zip Code 33455-8002 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6E76B08A280A4130B4C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
C. Full Name (Last, First, Middle Initial) Richard Costello <hr/> Mailing Address 8 Joyce Ln <hr/> City Simsbury State CT Zip Code 06070-2911 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B186FDA8A6B084555AAC Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) William Coyne <hr/> Mailing Address 11 Beacon St Suite 415 <hr/> City Boston State MA Zip Code 02108-3023 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE4E04D893D0C4214A02 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Robert T. D'Alessandro <hr/> Mailing Address 16 Sleepy Hollow Road <hr/> City New Canaan State CT Zip Code 06840 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B19EDF0B7E37940E3B4D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ian Dalinka <hr/> Mailing Address 10 Boxwood Lane <hr/> City Westport State CT Zip Code 06880-2807 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE0B73F925A824E1EB65 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6700.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Mr. Christopher L Daly</p> <p>Mailing Address 28 Rolling Ridge Road</p> <p>City White Plains State NY Zip Code 10605</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7809948B2ACC4613934</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>B. Full Name (Last, First, Middle Initial) Charles R Daniels, III</p> <p>Mailing Address 527 RT 22</p> <p>City Pawling State NY Zip Code 12564-1218</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB99EFC90525C4C4EBE6</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>C. Full Name (Last, First, Middle Initial) George Davala</p> <p>Mailing Address 90 Olmstead Hill</p> <p>City Wilton State CT Zip Code 06897-1728</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6368CD785E95466EADA</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2100.00</p>

SUBTOTAL of Disbursements This Page (optional)	6700.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Georgia Davala Mailing Address 90 Olmstead Hill City Wilton State CT Zip Code 06897-1728 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B724B1DD6D2434F0A888 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 Amount of Each Disbursement this Period 2100.00
B.	Full Name (Last, First, Middle Initial) George David Mailing Address 605 Deercliff Road City Avon State CT Zip Code 06001 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7657F860A88B4610A92 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Ms. Rosa DeLauro Mailing Address 2201 Wisconsin Avenue Suite 320 City Washington State DC Zip Code 20007-4105 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1B14518CAC9D48EBB96 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶	6700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Greg DePetris <hr/> Mailing Address 136 Boston St <hr/> City Guilford State CT Zip Code 06437 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC022BFC01D8949A69E0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
B.	Full Name (Last, First, Middle Initial) Donald Devine <hr/> Mailing Address 166 Mine Hill Rd <hr/> City Fairfield State CT Zip Code 06824-2156 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1A63BDF3FB59464B837 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Carol Dorfman <hr/> Mailing Address 200 East 57th St <hr/> City New York State NY Zip Code 10022-2860 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBF12691536194E6B9D9 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2100.00

SUBTOTAL of Disbursements This Page (optional) ▶	6700.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Barbara Duberstein Mailing Address 1 Zuccheus Mead Lane City Greenwich State CT Zip Code 06831-4418 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE0923CAA01224F85A87 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Timothy Durkin Mailing Address 900 Central Rd City Rye Beach State NH Zip Code 03871 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3311956250EC4E9FB88 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 800.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Mark Ein Mailing Address 4617 Laverock Place NW City Washington State DC Zip Code 20007-2544 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B43BBFB6EE970461F8EA Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	5400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mrs. Diane S. Feinberg <hr/> Mailing Address 5200 Edgemoor Lane <hr/> City Bethesda State MD Zip Code 20814-2342 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2D2116B1D9244D55935 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) Mr. Kenneth R. Feinberg <hr/> Mailing Address 1455 Pennsylvania Ave NW Suite 390 <hr/> City Washington State DC Zip Code 20004-1004 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B171E454438574E97BBE Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Sheila M Feinberg <hr/> Mailing Address 5115 Hamden Ln <hr/> City Bethesda State MD Zip Code 20814-2355 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7068EC1D8D6649DB875 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Mitchell Feuer Mailing Address 1628 S. St NW Apt. 2 City Washington State DC Zip Code 20009 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE43F2FD2E2CF41A69CE Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Larry Foley Mailing Address 44 Morehouse Ln City Southport State CT Zip Code 06890-1044 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3CEB09DC8AAE4A62A11 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Mr. John H Forsgren Mailing Address 600 South Ocean Blvd City Boca Raton State FL Zip Code 33432-6268 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9DB37000682E453BADD Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 700.00

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. George J. Fox	Transaction ID: B827A0C29930A4D08B64
	Mailing Address 3 International Drive Suite 120	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Rye Brook State NY Zip Code 10573-7501	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Ms. Pamela K. Fox	Transaction ID: B999DB5DE089F44199E5
	Mailing Address 143 Park Avenue	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Greenwich State CT Zip Code 06830-4849	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Terry Fox	Transaction ID: B06BE64B9AB884CA2A9E
	Mailing Address 593 Smith Ridge Road	Date of Disbursement MM / DD / YYYY 04 / 10 / 2008
	City New Canaan State CT Zip Code 06840-3222	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Sheila Freilich</p> <p>Mailing Address 400 East 85th St</p> <p>City New York State NY Zip Code 10028-6385</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B11195FDF458E4BAE868</p> <p>Date of Disbursement MM / DD / YYYY 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Friedman</p> <p>Mailing Address C/O Carpenter & Company Inc 20 University Road</p> <p>City Cambridge State MA Zip Code 02138-5756</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB15ABFF3C55B4DF593E</p> <p>Date of Disbursement MM / DD / YYYY 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Harvey Fuchs</p> <p>Mailing Address 25 Sutton Place South</p> <p>City New York State NY Zip Code 10022-2441</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1D31B1A8E1544EDB8ED</p> <p>Date of Disbursement MM / DD / YYYY 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1900.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6300.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Mark Gerstein</p> <p>Mailing Address 451 Orchard Ln</p> <p>City Highland Park State IL Zip Code 60035-1941</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5EBB23C33E654B46AC0</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2100.00</p>
<p>B. Full Name (Last, First, Middle Initial) Eugene Goldman</p> <p>Mailing Address 1213 Merchant Lane</p> <p>City Mc Lean State VA Zip Code 22101-2412</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF8838F5E9CF44F0E8C7</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Jay Goldman</p> <p>Mailing Address 152 West 57th Street 48th Floor</p> <p>City New York State NY Zip Code 10019-3310</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9A7300DA1801435796F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 2300.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5400.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Brian Goldstein <hr/> Mailing Address 14 Oakland Avenue <hr/> City Jersey City State NJ Zip Code 07306-2619 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBEE7F90DB8BD43489D0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John Goldwyn <hr/> Mailing Address 1990 South Bundy Dr #200 <hr/> City Los Angeles State CA Zip Code 90025-5249 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B221EB38803EC4A3D9BC Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Tim Goodell <hr/> Mailing Address 26 Ellery Lane <hr/> City Westport State CT Zip Code 06880-5202 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B409F79BB059948D6953 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 700.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5300.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mrs. Barbara Gottesdiener <hr/> Mailing Address 11 Oswegatchie Road <hr/> City Waterford State CT Zip Code 06385-1115 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B336396A89D004D43AF8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Martin Gottesdiener <hr/> Mailing Address 11 Oswegatchie Road <hr/> City Waterford State CT Zip Code 06385-1115 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1ABC903927774D1E977 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sarabeth Gottlieb <hr/> Mailing Address 53 Buell Street <hr/> City North Haven State CT Zip Code 06473-4312 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8B3E2BBD302B4FB1BF2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Arnold Greenberg <hr/> Mailing Address 61 South Main St Suite 211 <hr/> City West Hartford State CT Zip Code 06107-2403 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA5CF72CF18844E11BCD Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1900.00
B.	Full Name (Last, First, Middle Initial) Mr. Evan G Greenberg <hr/> Mailing Address 1133 Avenue of the Americas 45th Floor <hr/> City New York State NY Zip Code 10036-6710 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4B515A7F4C0C4188A32 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Carolyn Greenspan <hr/> Mailing Address 10 North Branford Rd <hr/> City Wallingford State CT Zip Code 06492-2712 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B50AD3AC3850346BFA9C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Ms. Ruth Noble Groom</p> <p>Mailing Address 9969 Claiborne Road</p> <p>City Claiborne State MD Zip Code 21624</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC108C9823DBE43C6AAD</p> <p>Date of Disbursement MM / DD / YYYY 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>B. Full Name (Last, First, Middle Initial) Madison Grose</p> <p>Mailing Address 715 Lake Ave</p> <p>City Greenwich State CT Zip Code 06830-3333</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6A4DAF5311B3410D833</p> <p>Date of Disbursement MM / DD / YYYY 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Aryn Grossman</p> <p>Mailing Address 1125 Park Avenue Apartment 15A</p> <p>City New York State NY Zip Code 10128-1243</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCD03DAED896040348CD</p> <p>Date of Disbursement MM / DD / YYYY 04 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Matthew Grossman <hr/> Mailing Address 1125 Park Avenue Apartment 15A <hr/> City New York State NY Zip Code 10128-1243 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B600E1D559628470E9D0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
B.	Full Name (Last, First, Middle Initial) Raymond Gustini <hr/> Mailing Address PO Box 31051 <hr/> City Rochester State NY Zip Code 14603-1051 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC56481EECE4146C5BA7 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 337.00
C.	Full Name (Last, First, Middle Initial) Mrs. Amy Haber <hr/> Mailing Address 30 E 71st Street Apartment 3B <hr/> City New York State NY Zip Code 10021-4956 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2AD9C34C14634AA79A9 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

4937.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) John Hamilton, Jr.</p> <p>Mailing Address 11 Worcester Square Unit 2</p> <p>City Boston State MA Zip Code 02118-2901</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B52FB99A4AC1B47C9AE7</p> <p>Date of Disbursement MM / DD / YYYY 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Mindy Hanneman</p> <p>Mailing Address 4305 N. 24th Street</p> <p>City Arlington State VA Zip Code 22207-4010</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B942A9EEBFEC44E50BCD</p> <p>Date of Disbursement MM / DD / YYYY 04 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mr. Frederick W. Hatfield</p> <p>Mailing Address 1414 22nd Street N.W. Apartment 25</p> <p>City Washington State DC Zip Code 20037-1077</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B17FAC00365D64EC8A5F</p> <p>Date of Disbursement MM / DD / YYYY 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) J. D. Hatfield Mailing Address 2373 Broadway City New York State NY Zip Code 10024-2800 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA3AB09A8AE284B44913 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Mr. Douglas G. Herman Mailing Address 3 International Drive Suite 120 City Rye Brook State NY Zip Code 10573-7501 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBC9376BBC5F6413E8DD Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Annette Heyman Mailing Address Box 7002 City Westport State CT Zip Code 06881-7002 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8EB122FE2B454DADA54 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mrs. Ellen M Hobbs	Transaction ID: B014A4A5F9B2A43F1909
	Mailing Address 11 Highridge Lane	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City Matinecock State NY Zip Code 11771	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Min Htoo	Transaction ID: BE8CE7E9BE3CE45C69FC
	Mailing Address 136 E 56th Street Apt 3J	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Brian Hurst	Transaction ID: B4C84C920D58E4D64BBA
	Mailing Address 87 Doubling Rd	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City Greenwich State CT Zip Code 06830	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mrs. Nisha Hurst <hr/> Mailing Address 87 Doubling Road <hr/> City Greenwich State CT Zip Code 06830 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCB4BE4F939BE41459B8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
B.	Full Name (Last, First, Middle Initial) Ron Insana <hr/> Mailing Address 4 Boulder Rd <hr/> City Tenafly State NJ Zip Code 07670 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B53EBB58D3B8B408EBDF Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Mr. Jon Jachman <hr/> Mailing Address 23 West 73rd Street Apt. 416 <hr/> City New York State NY Zip Code 10023-3104 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B70F25B96E2454A2CAC3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Robert W. Johnson, II</p> <p>Mailing Address 9969 Claiborne Road</p> <p>City Claiborne State MD Zip Code 21624</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B9028BE36CA1F4F0B9B6</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms. Elizabeth Keadle</p> <p>Mailing Address P.O. Box 906</p> <p>City Rancho Santa Fe State CA Zip Code 92067</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: BE7BAFA6038C2492EB67</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kathleen Kenney</p> <p>Mailing Address 94 Pokanoket Lane</p> <p>City Marshfield State MA Zip Code 02050-8226</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: BBBF71EC849C14500B9E</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2100.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Mr. Murray S. Kessler</p> <p>Mailing Address 196 Baldwin Road</p> <p>City Bedford Corners State NY Zip Code 10549-4817</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1709177E9A8747ECBAF</p> <p>Date of Disbursement 04 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>B. Full Name (Last, First, Middle Initial) Gary Kilberg</p> <p>Mailing Address 36 Mayfair Ln</p> <p>City Greenwich State CT Zip Code 06831</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9E62B605E4D4444DAA3</p> <p>Date of Disbursement 04 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>C. Full Name (Last, First, Middle Initial) John Kim</p> <p>Mailing Address 7 Northeast Rd</p> <p>City Farmington State CT Zip Code 06032</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5D41CE50220B4921B4F</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 119 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Hugh Knetzger <hr/> Mailing Address 880 Post Rd #4 <hr/> City Darien State CT Zip Code 06820-4634 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B022F6ED53E124469893 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Christine Kondoleon <hr/> Mailing Address 16 Traill St <hr/> City Cambridge State MA Zip Code 02138-4739 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0F511BAFAC094D29B4F Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Jason Konidaris <hr/> Mailing Address 90 Beacon Hill Lane <hr/> City New Canaan State CT Zip Code 06840-4919 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9BFF4AB4ABBA4A84820 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Ms. Elena Krail <hr/> Mailing Address 40 Walsh Lane <hr/> City Greenwich State CT Zip Code 06830 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9F4B5A889C97434DA0B Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Robert Krail <hr/> Mailing Address 40 Walsh Ln <hr/> City Greenwich State CT Zip Code 06830 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC6BE18B85C2743DBAB5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Edward Kratovil <hr/> Mailing Address 2 Dearfield Dr Apt 2-d <hr/> City Greenwich State CT Zip Code 06831-5301 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B12D7D131C948491C889 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 121 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Oktay Kurbanov <hr/> Mailing Address 8 Taconic Road <hr/> City Greenwich State CT Zip Code 06830 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B89421903F04A4B46BE5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Mrs. Olga Kurbanov <hr/> Mailing Address 8 Taconic Kurbanov <hr/> City Greenwich State CT Zip Code 06830 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA3AD3ABF17B64AFC984 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Del Lauria <hr/> Mailing Address 195 N. Cranbrook Cross <hr/> City Bloomfield Hills State MI Zip Code 48301-2509 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B41AC0388CE614906906 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mary Lauria <hr/> Mailing Address 195 N. Cranbrook Cross <hr/> City Bloomfield Hills State MI Zip Code 48301-2509 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2E73F27991054E2AABE Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
B.	Full Name (Last, First, Middle Initial) Carol Lee <hr/> Mailing Address 450 Park Avenue 9th Floor <hr/> City New York State NY Zip Code 10022-2741 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5E01E56A056F47E1852 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Tammy Levine <hr/> Mailing Address 51 Dawn Harbor Ln <hr/> City Riverside State CT Zip Code 06878 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0E1F639AFD9C496C995 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 123 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Nicholas A Liebham <hr/> Mailing Address P.O. Box 906 <hr/> City Rancho Santa Fe State CA Zip Code 92067 Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD4ED53716329416B95C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Mihn Liew <hr/> Mailing Address 37 Cedarwood Dr <hr/> City Greenwich State CT Zip Code 06830 Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB8D6B58FD4D84D92A12 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Mrs. Serena Liew <hr/> Mailing Address 37 Cedarwood Drive <hr/> City Greenwich State CT Zip Code 06830 Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9E6D1D98ED024AC5834 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jesse Litvak</p> <p>Mailing Address 188 East 78 St Apt 12b</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B88E0E0DAD10843249A0</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Carmen E MacDougall</p> <p>Mailing Address 3106 Rolling Road</p> <p>City Chevy Chase State MD Zip Code 20815</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B015EF9140C8749B2925</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Nancy Marriott</p> <p>Mailing Address 10840 Pleasant Hill Dr</p> <p>City Potomac State MD Zip Code 20854-1511</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B3445C71EAFB042FA807</p> <p>Date of Disbursement 04 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p>Category/Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6700.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Richard Marriott	Transaction ID: BE91C07470B2549AD9AF
	Mailing Address 10840 Pleasant Hill Dr	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City Potomac State MD Zip Code 20854-1511	Amount of Each Disbursement this Period 2100.00
	Purpose of Disbursement Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) Mr. Raymond A Mason	Transaction ID: B5F50C94FFD544C2EB97
	Mailing Address 100 Light Street	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City Baltimore State MD Zip Code 21202-1004	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) Mr. Herbert H McDade, III	Transaction ID: B6823DE33FBC84F32B5A
	Mailing Address One Sackett Landing	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City Rye State NY Zip Code 10580-4302	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

4700.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Andrew McEntire	Transaction ID: B2B71FFF652D84756BE9
	Mailing Address 225 Marvin Ridge Road	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City State Zip Code New Canaan CT 06840-6910	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Karen McGinnis	Transaction ID: BFAB4E9889C974D91AF1
	Mailing Address 16 Chieftans Rd	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City State Zip Code Greenwich CT 06831-3260	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Robert McGinnis	Transaction ID: B65DB6CDE3E734871B2D
	Mailing Address 16 Chieftons Rd	Date of Disbursement MM / DD / YYYY 04 / 29 / 2008
	City State Zip Code Greenwich CT 06831	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Robert McKillip <hr/> Mailing Address 300 Orchard Place <hr/> City Ridgewood State NJ Zip Code 07450-4906 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF1601F58C93F4D2FA4A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1700.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Peter McMullin <hr/> Mailing Address 101 Bartina Ln <hr/> City Stamford State CT Zip Code 06902-1716 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE7BB3EB159574D34BC5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Eugene M McQuade <hr/> Mailing Address 50 Downing St <hr/> City East Greenwich State RI Zip Code 02818-2224 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8CFE39C04F934E6FB0A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Peggy J McQuade <hr/> Mailing Address 50 Downing St <hr/> City East Greenwich State RI Zip Code 02818-2224 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B29052094FD8B40699D4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) John F Megrue, Jr. <hr/> Mailing Address 23 Shagbark Rd <hr/> City Norwalk State CT Zip Code 06854-5015 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF0FCE2BA4FD547EA898 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Mr. Paul M Meister <hr/> Mailing Address Liberty Lane <hr/> City Hampton State NH Zip Code 03801 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2689BCA7EB72406CB90 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Gregory Melville Mailing Address 474 Maple Avenue City Cheshire State CT Zip Code 06410 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B48487B4FC78F415F9F5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00
B.	Full Name (Last, First, Middle Initial) David Messer Mailing Address 1 Zaccheus Mead Lane City Greenwich State CT Zip Code 06831 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA487D953CAA94A1DA92 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Elizabeth R Miller Mailing Address 950 5th Ave #10 City New York State NY Zip Code 10021-1741 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BACDB64DBA407484C8C0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Richard Morck <hr/> Mailing Address 14816 - 439th Place, SE <hr/> City North Bend State WA Zip Code 98045-9248 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B283F4848C6E54A95955 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) Victoria Morck <hr/> Mailing Address 14816 - 439th Place, SE <hr/> City North Bend State WA Zip Code 98045-9248 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B283CD13303804596969 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Tom Moser <hr/> Mailing Address 2148 Rolston Dr <hr/> City Charlotte State NC Zip Code 28207-2151 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B574E9EE95C9148D3A07 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1200.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	5400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Anne Marie Mulcahy	Transaction ID: B8933178B68154E6EA37
	Mailing Address 191 Fairfield Beach Road	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Fairfield State CT Zip Code 06824-6843	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) Dr. Andrew P Mullhaupt	Transaction ID: B3029110B5FE3499912
	Mailing Address 19 Old Route 100	Date of Disbursement MM / DD / YYYY 04 / 29 / 2008
	City Katonah State NY Zip Code 10536-3621	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) Richard Mulready	Transaction ID: B2BD29B729F2747D29B1
	Mailing Address 38 Linnard Rd	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City West Hartford State CT Zip Code 06107-1232	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Sheillagh Mulready Mailing Address 38 Linnard Rd City West Hartford State CT Zip Code 06107-1232 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5BF776572E0A438CAC0 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00 Category/Type
B. Full Name (Last, First, Middle Initial) Alexandru Muntean Mailing Address 13940 Shanghai Links Place City Charlotte State NC Zip Code 28278-8407 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDC6A7F1A1EFD4820926 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00 Category/Type
C. Full Name (Last, First, Middle Initial) Monica Muntean Mailing Address 13940 Shanghai Links Place City Charlotte State NC Zip Code 28278-8407 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCF5438825BC64C6AB93 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00 Category/Type

SUBTOTAL of Disbursements This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Tony Notaro <hr/> Mailing Address 1133 Sandy Hollow Ct <hr/> City Silver Spring State MD Zip Code 20905 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA63CE87091BF4B1896A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2100.00
B.	Full Name (Last, First, Middle Initial) Stephanie O'Neill <hr/> Mailing Address 1310 19th St NW <hr/> City Washington State DC Zip Code 20036-1602 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2D74FF80854C4F0AA89 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Henson Orser <hr/> Mailing Address 124 Madrona Ave <hr/> City Belvedere Tiburon State CA Zip Code 94920-2451 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC349CA6AE63542B0BD8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ▶

4700.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Dipak Patel <hr/> Mailing Address 1570 Park Avenue <hr/> City Merrick State NY Zip Code 11566-2234 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9E62543FD1B14809927 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Robert Patricelli <hr/> Mailing Address 77 Hartford Rd <hr/> City Simsbury State CT Zip Code 06070-2506 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B003B929977DF4CECA40 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 800.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Brewster Perkins <hr/> Mailing Address 11 Walbridge <hr/> City West Hartford State CT Zip Code 06119-1344 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6002279411C84FB792E Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 700.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3800.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Giles G. Perkins Mailing Address 505 N. 20th Street Suite 1200 City Birmingham State AL Zip Code 35203-2607 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8CA8BFF7B5194A118BA Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8 Amount of Each Disbursement this Period 1300.00
B.	Full Name (Last, First, Middle Initial) Mr. Matthew Peterson Mailing Address P.O. Box 8212 City Falls Church State VA Zip Code 22041-8212 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B969A9E5D1BD64F60B5B Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Will Piersol Mailing Address 150 Southfield Ave Apt 2408 City Stamford State CT Zip Code 06902-7770 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B525726BA02324E3B9F2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 0 8 Amount of Each Disbursement this Period 700.00

SUBTOTAL of Disbursements This Page (optional) ▶	4300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Marshall Ruben</p> <p>Mailing Address 10 North Branford Rd</p> <p>City Wallingford State CT Zip Code 06492-2712</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B2AE9BECEA3A44E8DADD</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mrs. Marcia A. Ruderman</p> <p>Mailing Address 40 Salem Street Suite One</p> <p>City Lynnfield State MA Zip Code 01940</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: BF6E64C5D9D0B428582E</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Morton E. Ruderman</p> <p>Mailing Address 40 Salem Street Suite One</p> <p>City Lynnfield State MA Zip Code 01940-2673</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B7C8062969AFF40E3963</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Patricia Marie Russo <hr/> Mailing Address 191 Smith Ridge Road <hr/> City New Canaan State CT Zip Code 06840-3620 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B31099A060CD44A819E2 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 500.00
B.	Full Name (Last, First, Middle Initial) Arthur Ryan <hr/> Mailing Address 10 Oak Forest Ln <hr/> City Mendham State NJ Zip Code 07945-2800 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3C238B82C67041C1B9C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Kathe Sackler, MD <hr/> Mailing Address 1 Stamford Forum <hr/> City Stamford State CT Zip Code 06901 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0039A44CBF7A491F89D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

5100.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Steven Sarff</p> <p>Mailing Address 171 Scotland Rd</p> <p>City Newbury State MA Zip Code 01951</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: BAD3E39AF41734D46AEC</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2000.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr. Thomas J. Saylak, Jr.</p> <p>Mailing Address 15 Murray Hill Road</p> <p>City Scarsdale State NY Zip Code 10583-2829</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: BA641C32ED3E34D808D9</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Mr. Alan D Schnitzer</p> <p>Mailing Address 485 Lexington Avenue</p> <p>City New York State NY Zip Code 10017</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: B9780F6DEB5DC47BF839</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p>Category/Type</p> <p>Disbursement For: 2008</p> <p><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mrs. Anne B Schnitzer	Transaction ID: B9E62483B83E2494BB64
	Mailing Address 485 Lexington Avenue	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City New York State NY Zip Code 10017	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Mr. Dean Schultz	Transaction ID: B2909FEB8A42745ADA51
	Mailing Address 72 Prospect Avenue	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Sausalito State CA Zip Code 94965-2304	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Clarence Schwab	Transaction ID: B2991CCEDDB76410EA57
	Mailing Address 11 Winslow Place	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Larchmont State NY Zip Code 10538-2612	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Robert Selander <hr/> Mailing Address 38 Cedarwood Drive <hr/> City State Zip Code Greenwich CT 06830-3905 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0EE642D8F5DC42AAB65 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2100.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Evan Sheinberg <hr/> Mailing Address 72 Cummings Pt Rd <hr/> City State Zip Code Stamford CT 06902-7912 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BABB9F817FB5248ACA3D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Mr. Ervin Shindell <hr/> Mailing Address 1500 Lake Shore Drive <hr/> City State Zip Code Chicago IL 60610-6686 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B76A829E33B4F4858987 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 1700.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6100.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mrs. Vivienne R. Silver Mailing Address 184 Atlantic St. City Stamford State CT Zip Code 06901-3518 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD3427DA52F7D4B8BA9D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 1050.00
B.	Full Name (Last, First, Middle Initial) Edward Simon Mailing Address 55 Central Park West City New York State NY Zip Code 10023-6003 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFE42028022254032927 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Eric Smidt Mailing Address 3491 Mission Oaks B1 City Camarillo State CA Zip Code 93012-5034 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5B1DCAE9BB8C4DF0B1C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶

5650.00

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

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Edward J Stanco <hr/> Mailing Address 918 Dolphin Drive <hr/> City Malvern State PA Zip Code 19355-3141 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5BD90076313F4611983 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Mrs. Lisa M. Steele-Herman <hr/> Mailing Address 43 Arleigh Road <hr/> City Great Neck State NY Zip Code 11021-1326 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B135EA3B715204902957 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) Mr. Fred Tarter <hr/> Mailing Address 210 East 39th St <hr/> City New York State NY Zip Code 10016-2754 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3384CCE4186047AE803 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 800.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	5400.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mrs. Lois Tarter Mailing Address 210 East 39th St City New York State NY Zip Code 10016-2754 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B048D5F3360564D47947 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 800.00
B.	Full Name (Last, First, Middle Initial) Craig W Thomas Mailing Address 185 Milbank Avenue West City Greenwich State CT Zip Code 06830-6616 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6789249B21234605B71 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Nick Tiller Mailing Address 185 Charter Oak Dr City New Canaan State CT Zip Code 06840-6704 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B728DAA51B2DE4269837 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶	4100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 150 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Marc Tishfield	Transaction ID: B6B2D65AE88C0467FAC8
	Mailing Address 15 Stoneboat Rd	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Westport State CT Zip Code 06880-1425	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Ian Treibick	Transaction ID: B5F2B8052F42A400F919
	Mailing Address 45 Burying Hill Rd	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Greenwich State CT Zip Code 06831-3045	Amount of Each Disbursement this Period 1900.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Peiti Tung	Transaction ID: B237707679D3C4D5A930
	Mailing Address 193 Hamilton Ave. 6	Date of Disbursement MM / DD / YYYY 04 / 03 / 2008
	City Greenwich State CT Zip Code 06830-6100	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 152 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Courtney Ward <hr/> Mailing Address 4518 Kingle St NW <hr/> City Washington State DC Zip Code 20016-3581 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6109C3D01D0A4842826 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:
B. Full Name (Last, First, Middle Initial) Mr. John S. Weinberg <hr/> Mailing Address 35 Knollwood Drive <hr/> City Greenwich State CT Zip Code 06830-4732 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFD0BE33A04544E9D930 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:
C. Full Name (Last, First, Middle Initial) Jill Weiner <hr/> Mailing Address 15 North Crossway <hr/> City Old Greenwich State CT Zip Code 06870-2406 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCFE44D0F609141F78BF Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 153 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Jonathan Weiner Mailing Address 15 North Crossway City Old Greenwich State CT Zip Code 06870-2406 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB042F8A6B2CB4B52AE4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00
B.	Full Name (Last, First, Middle Initial) Ronald Williams Mailing Address 11 Farnham Way City Farmington State CT Zip Code 06032 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFD3AAB1551784707B1E Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00
C.	Full Name (Last, First, Middle Initial) Elizabeth Winter Mailing Address Box 7002 City Westport State CT Zip Code 06881-7002 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B494D567C71B94044AB8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00

SUBTOTAL of Disbursements This Page (optional) ▶	6900.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 154 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Valda Witt Mailing Address 2372 Broadway City New York State NY Zip Code 10024-2801 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BEAB1971B1DD342EF85A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/Type
B.	Full Name (Last, First, Middle Initial) Frederic Wittman Mailing Address 16 Trail St City Cambridge State MA Zip Code 02138-4739 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB886752E0C1E4B0ABC4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2300.00 Category/Type
C.	Full Name (Last, First, Middle Initial) Jason Wright Mailing Address P o Box 94 City South Kent State CT Zip Code 06785-0094 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB5722BD6BBBE4B7897E Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2100.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

6700.00

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

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 155 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Leo Zanderer	Transaction ID: BC0DEF21D9BD64493927
	Mailing Address 60 East 9th Street Apartment 503	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City New York State NY Zip Code 10003-6443	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) David Znamierowski	Transaction ID: BEB6E1859D5094408BD7
	Mailing Address 125 Ash Pt Rd	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Harpswell State ME Zip Code 04079-3419	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Mr. Zhou Zou	Transaction ID: B930F8004753F41E68B7
	Mailing Address 11 5th Ave Apt. 8f	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City New York State NY Zip Code 10003	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 156 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) David Zwiener	Transaction ID: B58DCDF4EE227475DAC3
	Mailing Address 150 Scarborough St	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Hartford State CT Zip Code 06105-1107	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) Mrs. Nancy Zwiener	Transaction ID: BA8EF5C6767734017ABD
	Mailing Address 150 Scarborough Street	Date of Disbursement MM / DD / YYYY 04 / 02 / 2008
	City Hartford State CT Zip Code 06105-1107	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

4600.00

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

458987.00

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 157 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Community Action Program PAC

Transaction ID: BC43576841AC9454AB76

Mailing Address 810 First St. NE
Suite 530

Date of Disbursement

/ /

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Farrell for Congress

Transaction ID: B0E3BA2E70E6B43AB80C

Mailing Address P.O. Box 5136

Date of Disbursement

/ /

City Westport State CT Zip Code 06881-5136

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Friends of Farr

Transaction ID: B0F92B61D5F41430EBD0

Mailing Address 555 Capitol Mall
Suite 1425

Date of Disbursement

/ /

City Sacramento State CA Zip Code 95814-4602

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 158 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
METLife Inc. PAC

Transaction ID: B4B5BDE72CF8E4512B62

Mailing Address 1620 L Street NW
Suite 800

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City Washington State DC Zip Code 20036-5629

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund

--

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
Synergy PAC

Transaction ID: BDCC75677564348709F1

Mailing Address 6849 Old Dominion Drive
Suite 222

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City McLean State VA Zip Code 22101-3724

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund

--

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

19000.00

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Aetna Inc PAC Mailing Address 151 Farmington Ave RW61 City Hartford State CT Zip Code 06156 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1A0D2D1C786F4B5EBD3 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Anna Eshoo for Congress Mailing Address 565 Capital Mall #1425 City Sacramento State CA Zip Code 95814-4501 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDEBEABE720F14940B0C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 8 Amount of Each Disbursement this Period 2000.00
C.	Full Name (Last, First, Middle Initial) Laborers Political League PAC Mailing Address 905 16th St NW City Washington State DC Zip Code 20006 Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD15D18E24FDB4416813 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 8 Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 160 / 218

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Rhode Island Political Action Committee, Inc. PAC

Transaction ID: BE6D85DFDC2F64E84A03

Date of Disbursement

Mailing Address 400 C St NE
Suite 201

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	0	8

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Westfield PAC

Transaction ID: BF9D2C3B285BA4D63A4F

Date of Disbursement

Mailing Address 11601 Wilshire Blvd
Suite 1200

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	0	8

City Los Angeles State CA Zip Code 90025

Amount of Each Disbursement this Period

2158.30

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

7158.30

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

16158.30

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC			Nature of Debt (Purpose): Printing
Mailing Address 1101 Penn Avenue			
City Scranton	State PA	ZIP Code 18509	

Outstanding Balance Beginning This Period 2327.31		Transaction ID: D0A1C9B9020DA4F7F9B3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2327.31	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC			Nature of Debt (Purpose): Printing
Mailing Address 1101 Penn Avenue			
City Scranton	State PA	ZIP Code 18509	

Outstanding Balance Beginning This Period 411.45		Transaction ID: D0B46426F11F0465B888	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 411.45	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC			Nature of Debt (Purpose): Printing
Mailing Address 1101 Penn Avenue			
City Scranton	State PA	ZIP Code 18509	

Outstanding Balance Beginning This Period 348.36		Transaction ID: D68AD64DCDC624C69A94	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 348.36	

1) SUBTOTALS This Period This Page (optional).....	3087.12
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TVEyes, Inc.			Nature of Debt (Purpose): Media Services
Mailing Address 2150 Post Road			
City Fairfield	State CT	ZIP Code 06824	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>		Transaction ID: D018D6F8488CD4328B41	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Immediacy Group			Nature of Debt (Purpose): Television
Mailing Address 1800 S Street			
City Washington	State DC	ZIP Code 20009	

Outstanding Balance Beginning This Period <input type="text" value="45000.00"/>		Transaction ID: D4C86C8799F3445D78A5	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="45000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Immediacy Group			Nature of Debt (Purpose): Television
Mailing Address 1800 S Street			
City Washington	State DC	ZIP Code 20009	

Outstanding Balance Beginning This Period <input type="text" value="65000.00"/>		Transaction ID: D6EC88DE849224213A22	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="65000.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="110500.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Newman and Leventhal Caterers, Inc.

Nature of Debt (Purpose):
Caterer

Mailing Address 45 West 81st Street

City State ZIP Code
New York NY 10024-6025

Outstanding Balance Beginning This Period		Transaction ID: D2FDEA7A6FB3F461FA7F	
2136.07			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2136.07	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Carter Printing

Nature of Debt (Purpose):
Printing

Mailing Address 1739 East Grand Avenue

City State ZIP Code
Des Moines IA 50316

Outstanding Balance Beginning This Period		Transaction ID: D3239DDE2C2B14D02B40	
7233.31			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	7233.31	

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

Nature of Debt (Purpose):
Event Rental

Mailing Address P.O. Box 650036

City State ZIP Code
Dallas TX 75265-0036

Outstanding Balance Beginning This Period		Transaction ID: D762D234592FA4797973	
2774.87			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2774.87	

1) SUBTOTALS This Period This Page (optional).....	▶	12144.25
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 164 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hinckley Springs	Nature of Debt (Purpose): Water Cooler Services
Mailing Address P.O. Box 660579	
City State ZIP Code Dallas TX 75266-0579	

Outstanding Balance Beginning This Period <input type="text" value="296.68"/>	Transaction ID: DFD07531348F8439BA68	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="296.68"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC	Nature of Debt (Purpose): Printing
Mailing Address 1101 Penn Avenue	
City State ZIP Code Scranton PA 18509	

Outstanding Balance Beginning This Period <input type="text" value="485.08"/>	Transaction ID: DC5C4695FC2C6478F875	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="485.08"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Immediacy Group	Nature of Debt (Purpose): Television
Mailing Address 1800 S Street	
City State ZIP Code Washington DC 20009	

Outstanding Balance Beginning This Period <input type="text" value="50000.00"/>	Transaction ID: DE079EBE7C9854073A8E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50000.00"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="50781.76"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dubuque Leader			Nature of Debt (Purpose): Printing
Mailing Address 1527 Central Avenue			
City Dubuque	State IA	ZIP Code 52004	

Outstanding Balance Beginning This Period		Transaction ID: D308E0032B374413E8A3	
360.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	360.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period		Transaction ID: DC7364FE5C9E54C3CA73	
427.18			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	427.18	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cedar Rapids Municipal Utilities			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3255			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period		Transaction ID: D9457B91CEE0540E8A08	
165.81			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	165.81	

1) SUBTOTALS This Period This Page (optional).....	▶	953.49
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kilkenney's			Nature of Debt (Purpose): Food & Beverage
Mailing Address 300 West 3rd Street			
City Davenport	State IA	ZIP Code 52801-1208	

Outstanding Balance Beginning This Period 220.00		Transaction ID: DE9F171102B294984BCD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 220.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cox Communications			Nature of Debt (Purpose): Internet Services
Mailing Address PO Box 6059			
City Cypress	State CA	ZIP Code 90630	

Outstanding Balance Beginning This Period 138.02		Transaction ID: DEAECEB41D358C496EAEB	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 138.02	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frontline Productions			Nature of Debt (Purpose): Lighting & Video
Mailing Address 125 Hemlock Drive			
City Deep River	State CT	ZIP Code 06417	

Outstanding Balance Beginning This Period 885.00		Transaction ID: DF269F8B8076845BAB94	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 885.00	

1) SUBTOTALS This Period This Page (optional).....	1243.02
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Heartland Flagpoles and Flags			Nature of Debt (Purpose): Flags
Mailing Address 3719 SW 9th Street			
City Des Moines	State IA	ZIP Code 50315	

Outstanding Balance Beginning This Period <input type="text" value="436.60"/>		Transaction ID: D42D026888D4F47D198F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="436.60"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Geoff Luxenberg			Nature of Debt (Purpose): Reimbursement for Gas/Payment for signat
Mailing Address 249A New State Road			
City Manchester	State CT	ZIP Code 06042-7959	

Outstanding Balance Beginning This Period <input type="text" value="107.00"/>		Transaction ID: D3BEB98490D8F4B87A07	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="107.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Express Inc.			Nature of Debt (Purpose): Courier Services
Mailing Address 3240 Hubbard Road			
City Landover	State MD	ZIP Code 20785	

Outstanding Balance Beginning This Period <input type="text" value="160.24"/>		Transaction ID: D80871DA60A7642ADAA1	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="160.24"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="703.84"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Metropolitan Club			Nature of Debt (Purpose): Food & Beverage
Mailing Address One East 60th Street			
City New York	State NY	ZIP Code 10022	

Outstanding Balance Beginning This Period		Transaction ID: D633B2D0BC9E641C0B52	
21459.11			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	21459.11	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: D0F2F1D778B8B4FC99B6	
755.64			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	755.64	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: D9A45BD2CD468457093F	
2919.27			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2919.27	

1) SUBTOTALS This Period This Page (optional).....	▶	25134.02
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: D7B85A230D64E4671B06	
38.96			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	38.96	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: DB9074E8EDA3B4C25ABE	
164.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	164.80	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: DD0258CA80C884AB6960	
239.04			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	239.04	

1) SUBTOTALS This Period This Page (optional).....	▶	442.80
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 170 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan	Nature of Debt (Purpose): Utilities	
Mailing Address 52 Second Avenue		
City Waltham State MA ZIP Code 02451		

Outstanding Balance Beginning This Period 118.88	Transaction ID: DBDF3A2CB333C4D6484D	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 118.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan	Nature of Debt (Purpose): Utilities	
Mailing Address 52 Second Avenue		
City Waltham State MA ZIP Code 02451		

Outstanding Balance Beginning This Period 298.81	Transaction ID: D74946712598A4C599FE	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 298.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan	Nature of Debt (Purpose): Utilities	
Mailing Address 52 Second Avenue		
City Waltham State MA ZIP Code 02451		

Outstanding Balance Beginning This Period 1481.16	Transaction ID: DDDFA00C779CF445C8AA6	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1481.16

1) SUBTOTALS This Period This Page (optional).....	▶	1898.85
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 171 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="25233.00"/>	Transaction ID: DDAAD6917DA7140B1B6D	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25233.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="25134.72"/>	Transaction ID: D2900156C49674E41A2B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25134.72"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Charles George Trucking Co., Inc.	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 857	
City State ZIP Code Londonberry NH 03053	

Outstanding Balance Beginning This Period <input type="text" value="535.52"/>	Transaction ID: D6710E52FE45143BEBAF	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="535.52"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="50903.24"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Embarq			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660068			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period		Transaction ID: DBF0B293CD60A40ED8E0	
1064.16			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1064.16	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Embarq			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660068			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period		Transaction ID: DF4A4422265684FB29B9	
378.82			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	378.82	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period		Transaction ID: DD45DB76A7149485EADE	
304.30			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	304.30	

1) SUBTOTALS This Period This Page (optional).....	▶	1747.28
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 173 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110	
City State ZIP Code Aurora IL 60572	

Outstanding Balance Beginning This Period 1861.62	Transaction ID: DFE38B3A3574543178FC	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1861.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110	
City State ZIP Code Aurora IL 60572	

Outstanding Balance Beginning This Period 1055.11	Transaction ID: D561E5E0579E7422A8F4	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1055.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Waste Management	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 756	
City State ZIP Code Des Moines IA 50303	

Outstanding Balance Beginning This Period 149.94	Transaction ID: D26D95FA926E146209F5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 149.94

1) SUBTOTALS This Period This Page (optional).....	▶	3066.67
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 25037.09	Transaction ID: D2550339EB07C40E994D	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25037.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 20016.20	Transaction ID: D14FCCBCA21B449EB877	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20016.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch Brothers	Nature of Debt (Purpose): Copier
Mailing Address 325 Grand Avenue P.O. Box 1755	
City State ZIP Code Des Moines IA 50306	

Outstanding Balance Beginning This Period 126.82	Transaction ID: DFAE4308D10124EEDAE3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 126.82

1) SUBTOTALS This Period This Page (optional).....	45180.11
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch Brothers	Nature of Debt (Purpose): Copier
Mailing Address 325 Grand Avenue P.O. Box 1755	
City State ZIP Code Des Moines IA 50306	

Outstanding Balance Beginning This Period 318.00	Transaction ID: D49C4F11B6E044AA5A29	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 318.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch Brothers	Nature of Debt (Purpose): Copier
Mailing Address 325 Grand Avenue P.O. Box 1755	
City State ZIP Code Des Moines IA 50306	

Outstanding Balance Beginning This Period 318.00	Transaction ID: D3176BA92E7384BCA0A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 318.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch Brothers	Nature of Debt (Purpose): Copier
Mailing Address 325 Grand Avenue P.O. Box 1755	
City State ZIP Code Des Moines IA 50306	

Outstanding Balance Beginning This Period 211.99	Transaction ID: D3C51D93654FD40B59BB	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 211.99

1) SUBTOTALS This Period This Page (optional).....	847.99
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive			
City Irvine	State CA	ZIP Code 92618-4201	

Outstanding Balance Beginning This Period		Transaction ID: D40B8D89E3ABE4545B3C	
140.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	140.70	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive			
City Irvine	State CA	ZIP Code 92618-4201	

Outstanding Balance Beginning This Period		Transaction ID: DC3EE07A89ADF414596B	
324.97			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	324.97	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive			
City Irvine	State CA	ZIP Code 92618-4201	

Outstanding Balance Beginning This Period		Transaction ID: D7AA61021F4A546ABB58	
625.92			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	625.92	

1) SUBTOTALS This Period This Page (optional).....	▶	1091.59
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 177 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive	
City State ZIP Code Irvine CA 92618-4201	

Outstanding Balance Beginning This Period 285.25	Transaction ID: D59D402EB48494DF2B2C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 285.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive	
City State ZIP Code Irvine CA 92618-4201	

Outstanding Balance Beginning This Period 281.01	Transaction ID: DB59E8AD1B4CC46098EF	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 281.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive	
City State ZIP Code Irvine CA 92618-4201	

Outstanding Balance Beginning This Period 561.93	Transaction ID: DA1C685B9BFAF4CD7A76	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 561.93

1) SUBTOTALS This Period This Page (optional).....	▶	1128.19
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive			
City Irvine	State CA	ZIP Code 92618-4201	

Outstanding Balance Beginning This Period		Transaction ID: D0F58D7FEFA5B4E43939	
680.73			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	680.73	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ABC-Electrical Contractors			Nature of Debt (Purpose): Phone Work
Mailing Address 10520 Hickman Road Suite ABC			
City Des Moines	State IA	ZIP Code 50325	

Outstanding Balance Beginning This Period		Transaction ID: DADFAFC251E1148F6B40	
1866.01			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1866.01	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Simard Printing			Nature of Debt (Purpose): Printing Services
Mailing Address 300 Salem Street			
City Woburn	State MA	ZIP Code 01801-2055	

Outstanding Balance Beginning This Period		Transaction ID: DAEB900B19D5343069F1	
433.13			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	433.13	

1) SUBTOTALS This Period This Page (optional).....	▶	2979.87
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Old Town Family Restaurant

Nature of Debt (Purpose):
Food & Beverage

Mailing Address 2107 Camanche Avenue

City State ZIP Code
Clinton IA 52732-6036

Outstanding Balance Beginning This Period	Transaction ID: D8B59DA12044449C0AE9	
130.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	130.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MoreSound Company

Nature of Debt (Purpose):
Sound Equipment

Mailing Address 102 North Street

City State ZIP Code
Jaffrey NH 03452-5301

Outstanding Balance Beginning This Period	Transaction ID: D4310E2A2AC3D49AFB1C	
400.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Washington Promotions & Printing

Nature of Debt (Purpose):
Printing

Mailing Address 5125 MacArthur Blvd. NW
Suite 14

City State ZIP Code
Washington DC 20016

Outstanding Balance Beginning This Period	Transaction ID: DE815690D20EF4A6EB02	
5547.90		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5547.90

1) SUBTOTALS This Period This Page (optional).....	6077.90
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period		Transaction ID: D93A99FFBC04A4242996	
434.09			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	434.09	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period		Transaction ID: D6EB2D896D8C64BA8AA9	
60.76			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	60.76	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City Seattle	State WA	ZIP Code 98111	

Outstanding Balance Beginning This Period		Transaction ID: D61C348CBB0624AED874	
1062.75			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1062.75	

1) SUBTOTALS This Period This Page (optional).....	▶	1557.60
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone	
Mailing Address Business Services PO Box 91154		
City State ZIP Code Seattle WA 98111		

Outstanding Balance Beginning This Period 669.82	Transaction ID: D6224518C358E4E34936	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 669.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone	
Mailing Address Business Services PO Box 91154		
City State ZIP Code Seattle WA 98111		

Outstanding Balance Beginning This Period 474.82	Transaction ID: DD4C14996C4ED457DBEB	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 474.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone	
Mailing Address Business Services PO Box 91154		
City State ZIP Code Seattle WA 98111		

Outstanding Balance Beginning This Period 657.85	Transaction ID: D160BB52601F3469FBFA	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 657.85

1) SUBTOTALS This Period This Page (optional).....	▶	1802.49
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City	State	ZIP Code	
Seattle	WA	98111	

Outstanding Balance Beginning This Period		Transaction ID: DE70EBFB35F4E4F5BBA8	
471.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	471.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City	State	ZIP Code	
Seattle	WA	98111	

Outstanding Balance Beginning This Period		Transaction ID: DC07FD8583E3F4BA58CA	
58.58			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	58.58	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City	State	ZIP Code	
Seattle	WA	98111	

Outstanding Balance Beginning This Period		Transaction ID: DA397374A80A8418D9FD	
418.15			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	418.15	

1) SUBTOTALS This Period This Page (optional).....	▶	948.23
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City	State	ZIP Code	
Seattle	WA	98111	

Outstanding Balance Beginning This Period		Transaction ID: DA3182C7E844C4F039CE	
575.42			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	575.42	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City	State	ZIP Code	
Seattle	WA	98111	

Outstanding Balance Beginning This Period		Transaction ID: D703363A20B0E44A7A6C	
431.46			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	431.46	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City	State	ZIP Code	
Seattle	WA	98111	

Outstanding Balance Beginning This Period		Transaction ID: DE2EA2BD913EF4C59A0F	
106.73			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	106.73	

1) SUBTOTALS This Period This Page (optional).....	▶	1113.61
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone	
Mailing Address Business Services PO Box 91154		
City State ZIP Code Seattle WA 98111		

Outstanding Balance Beginning This Period 677.36	Transaction ID: DF660180FF5C543E886F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 677.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone	
Mailing Address Business Services PO Box 91154		
City State ZIP Code Seattle WA 98111		

Outstanding Balance Beginning This Period 622.51	Transaction ID: DA75CCBF704CB4716B86	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 622.51

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy	Nature of Debt (Purpose): Utilities	
Mailing Address PO Box 3066		
City State ZIP Code Cedar Rapids IA 52406		

Outstanding Balance Beginning This Period 540.80	Transaction ID: D4DB84BA83BD34248B12	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 540.80

1) SUBTOTALS This Period This Page (optional).....	▶	1840.67
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period		Transaction ID: D21C371285AF1401F9CB	
852.59			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	852.59	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period		Transaction ID: D637921B16CAA45B19B6	
254.12			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	254.12	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period		Transaction ID: D6F4061A34DE04783A3F	
877.55			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	877.55	

1) SUBTOTALS This Period This Page (optional).....	▶	1984.26
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City	State	ZIP Code	
Cedar Rapids	IA	52406	

Outstanding Balance Beginning This Period <input type="text" value="50.75"/>		Transaction ID: DF36117C0589D4D9C911	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50.75"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City	State	ZIP Code	
Cedar Rapids	IA	52406	

Outstanding Balance Beginning This Period <input type="text" value="401.72"/>		Transaction ID: D5B3618F71E3745EC9DD	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="401.72"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City	State	ZIP Code	
Cedar Rapids	IA	52406	

Outstanding Balance Beginning This Period <input type="text" value="239.60"/>		Transaction ID: DE6029EBE091B415FB6D	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="239.60"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="692.07"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period		Transaction ID: DBA39930B48064589AB5	
263.55			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	263.55	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allied Telecom			Nature of Debt (Purpose): Internet Services
Mailing Address PO BOx 758792			
City Baltimore	State MD	ZIP Code 21275	

Outstanding Balance Beginning This Period		Transaction ID: DEA9D9C89FC7F444DAD8	
850.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	850.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COVAD			Nature of Debt (Purpose): Internet Services
Mailing Address Dept. 33408 PO BOx 39000			
City San Francisco	State CA	ZIP Code 94139	

Outstanding Balance Beginning This Period		Transaction ID: D5E78BD6138D849C8A7B	
1535.76			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1535.76	

1) SUBTOTALS This Period This Page (optional).....	▶	2649.31
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COVAD	Nature of Debt (Purpose): Internet Services
Mailing Address Dept. 33408 PO BOX 39000	
City State ZIP Code San Francisco CA 94139	

Outstanding Balance Beginning This Period 1056.76	Transaction ID: D7FB209F7C488450BA73	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1056.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Free Media, Inc.	Nature of Debt (Purpose): Reimbursement for Travel Expenses
Mailing Address 777 West End Avenue #5C	
City State ZIP Code New York NY 10025	

Outstanding Balance Beginning This Period 635.01	Transaction ID: DF03B1B1603F54C5183C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 635.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Free Media, Inc.	Nature of Debt (Purpose): Reimbursement for Phone Expenses
Mailing Address 777 West End Avenue #5C	
City State ZIP Code New York NY 10025	

Outstanding Balance Beginning This Period 150.09	Transaction ID: D142C4EE26CC3459DA22	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.09

1) SUBTOTALS This Period This Page (optional).....	1841.86
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Travelers	Nature of Debt (Purpose): Insurance
Mailing Address CL & Specialty Remittance Center Remittance Box 96359	
City Hartford State CT ZIP Code 06183-1008	

Outstanding Balance Beginning This Period 10330.00	Transaction ID: D490B4AF8A85D4E99B96	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10330.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ExxonMobil	Nature of Debt (Purpose): Gasoline
Mailing Address P.O. Box 688938	
City Des Moines State IA ZIP Code 50368-8938	

Outstanding Balance Beginning This Period 241.86	Transaction ID: D303F42DD72104352BB3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 241.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ExxonMobil	Nature of Debt (Purpose): Gasoline
Mailing Address P.O. Box 688938	
City Des Moines State IA ZIP Code 50368-8938	

Outstanding Balance Beginning This Period 429.36	Transaction ID: D2591D51138CC454BA3F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 429.36

1) SUBTOTALS This Period This Page (optional).....	11001.22
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TVEyes, Inc.			Nature of Debt (Purpose): Media Services
Mailing Address 2150 Post Road			
City Fairfield	State CT	ZIP Code 06824	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>		Transaction ID: D421D5108046A4FA4973	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TVEyes, Inc.			Nature of Debt (Purpose): Media Services
Mailing Address 2150 Post Road			
City Fairfield	State CT	ZIP Code 06824	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>		Transaction ID: DF1403972FFAD472384D	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verham News			Nature of Debt (Purpose): Rent
Mailing Address P.O. Box 706			
City White Riv Jct	State VT	ZIP Code 05001-0706	

Outstanding Balance Beginning This Period <input type="text" value="910.28"/>		Transaction ID: DE2E3D979014F4B2194A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="910.28"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1910.28"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Cable & Internet
Mailing Address PO Box 1577			
City Newark	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period		Transaction ID: D3A3A16E658A34B44B21	
351.30			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	351.30	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 1577			
City Newark	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period		Transaction ID: D054E2AB68F284AAA9A7	
513.74			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	513.74	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Service of New Hampshire			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 360			
City Manchester	State NH	ZIP Code 03105-0360	

Outstanding Balance Beginning This Period		Transaction ID: DD1D454DB157C4318B67	
376.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	376.44	

1) SUBTOTALS This Period This Page (optional).....	▶	1241.48
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Service of New Hampshire			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 360			
City Manchester	State NH	ZIP Code 03105-0360	

Outstanding Balance Beginning This Period <input type="text" value="246.08"/>		Transaction ID: DE82D6F912C4D47CB9A5	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="246.08"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Service of New Hampshire			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 360			
City Manchester	State NH	ZIP Code 03105-0360	

Outstanding Balance Beginning This Period <input type="text" value="993.78"/>		Transaction ID: D5B30D2CCB1A941208DC	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="993.78"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Service of New Hampshire			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 360			
City Manchester	State NH	ZIP Code 03105-0360	

Outstanding Balance Beginning This Period <input type="text" value="131.82"/>		Transaction ID: D5B0C3B4DA75E4096B6A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="131.82"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1371.68"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Operations UnLimited, Inc.			Nature of Debt (Purpose): Office Operations
Mailing Address 113 Hilands Place			
City Pittsburgh	State PA	ZIP Code 15237	

Outstanding Balance Beginning This Period		Transaction ID: D7C7D4BF737944E5A9A0	
280.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	280.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Operations UnLimited, Inc.			Nature of Debt (Purpose): Office Operations Consult- ing
Mailing Address 113 Hilands Place			
City Pittsburgh	State PA	ZIP Code 15237	

Outstanding Balance Beginning This Period		Transaction ID: D0126046A41F34134AE6	
2648.11			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2648.11	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pentimento Design LLC			Nature of Debt (Purpose): Reindeer decorations
Mailing Address 1133 Mapleton Avenue			
City Suffield	State CT	ZIP Code 06078	

Outstanding Balance Beginning This Period		Transaction ID: DF4C1AA581F164ADAB6A	
212.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	212.00	

1) SUBTOTALS This Period This Page (optional).....	▶	3140.11
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mason City Public Utilities			Nature of Debt (Purpose): Utilities
Mailing Address 10 First Street Northwest			
City Mason City	State IA	ZIP Code 50401-3224	

Outstanding Balance Beginning This Period <input type="text" value="123.36"/>		Transaction ID: DDE7D15C566704EE4997	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="123.36"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Cable Service
Mailing Address P.O. Box 3005			
City Southeastern	State PA	ZIP Code 19398-3005	

Outstanding Balance Beginning This Period <input type="text" value="197.56"/>		Transaction ID: D1327435AF7974016BBD	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="197.56"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Cable
Mailing Address P.O. Box 3005			
City Southeastern	State PA	ZIP Code 19398-3005	

Outstanding Balance Beginning This Period <input type="text" value="130.78"/>		Transaction ID: D77C21BCA099B4529A8B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="130.78"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="451.70"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660720			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period <input type="text" value="22.28"/>		Transaction ID: DF9E84213BC0C4FA4959	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22.28"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660720			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period <input type="text" value="6277.73"/>		Transaction ID: D0A801840ADAA424F4BF4	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6277.73"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VFW Post 775			Nature of Debt (Purpose): Space Rental
Mailing Address 702 West Main Street			
City Ottumwa	State IA	ZIP Code 52501-2226	

Outstanding Balance Beginning This Period <input type="text" value="150.00"/>		Transaction ID: D9F4487EF4F6F4DB6923	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="150.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="6450.01"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period <input type="text" value="647.11"/>		Transaction ID: DC05308729895455AAF0	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="647.11"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period <input type="text" value="896.07"/>		Transaction ID: D03866EA927C6487BAA8	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="896.07"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period <input type="text" value="694.96"/>		Transaction ID: D7AA2635D35294D99959	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="694.96"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2238.14"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period 983.75		Transaction ID: DAC79A50A402441AB9DA	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 983.75	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period 320.68		Transaction ID: DAB48C0D1D9BF48E2819	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 320.68	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period 1646.22		Transaction ID: D684E05F5028F4B9FA8C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1646.22	

1) SUBTOTALS This Period This Page (optional).....	▶	2950.65
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Des Moines Theatrical Shop			Nature of Debt (Purpose): Costume Rental
Mailing Address 145 5th Street			
City	State	ZIP Code	
West Des Moines	IA	50265	

Outstanding Balance Beginning This Period		Transaction ID: D7952AAF64B9C4F0997B	
106.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	106.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Des Moines Water Works			Nature of Debt (Purpose): Utilities
Mailing Address 2201 George Flagg Parkway			
City	State	ZIP Code	
Des Moines	IA	50321-1190	

Outstanding Balance Beginning This Period		Transaction ID: D1475748209CF4A0092F	
117.91			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	117.91	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor REMAX Results Realty			Nature of Debt (Purpose): Rent and Utilities
Mailing Address 202 1st NW			
City	State	ZIP Code	
Mason City	IA	50401	

Outstanding Balance Beginning This Period		Transaction ID: D14F42980C9EF465D8A0	
1036.46			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1036.46	

1) SUBTOTALS This Period This Page (optional).....	▶	1260.37
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 199 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jocelyn Augustino Photogrpaher	Nature of Debt (Purpose): Photographer
Mailing Address 3416 Gunston Road	
City State ZIP Code Alexandria VA 22302-2134	

Outstanding Balance Beginning This Period <input type="text" value="69.00"/>	Transaction ID: D0781506CE4AC48A0805	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="69.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deaf Services Unlimited	Nature of Debt (Purpose): Interpreting Service
Mailing Address Suite 170	
City State ZIP Code Des Moines IA 50309	

Outstanding Balance Beginning This Period <input type="text" value="130.00"/>	Transaction ID: DF8A44964B3424CC3B77	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="130.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Drink More Water	Nature of Debt (Purpose): Water Delivery
Mailing Address Montgomery County Airpark 7595-A Rickenbacker Drive	
City State ZIP Code Gaithersburg MD 20879	

Outstanding Balance Beginning This Period <input type="text" value="32.50"/>	Transaction ID: DCDE895EA2CFC4A338ED	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="32.50"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="231.50"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor NexGen			Nature of Debt (Purpose): Utilities
Mailing Address 10500 Hickman Road Ste J			
City Clive	State IA	ZIP Code 50325-3706	

Outstanding Balance Beginning This Period <input type="text" value="235.36"/>		Transaction ID: D2FBA9339003447	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="235.36"/>	

ADB22

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mediacom			Nature of Debt (Purpose): Cable
Mailing Address P.O. Box 5744			
City Carol Stream	State IL	ZIP Code 60197-5744	

Outstanding Balance Beginning This Period <input type="text" value="92.37"/>		Transaction ID: D34D4235A01F441	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="92.37"/>	

BAA58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor WHO Newsradio 1040			Nature of Debt (Purpose): Recording Services
Mailing Address 2141 Grand Avenue			
City Des Moines	State IA	ZIP Code 50312	

Outstanding Balance Beginning This Period <input type="text" value="400.00"/>		Transaction ID: D5CA66406DA5143F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="400.00"/>	

F7848

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="727.73"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DC Treasurer	Nature of Debt (Purpose): Parking Fine
Mailing Address Adjudication Services PO Box 2014	
City State ZIP Code Washington DC 20013	

Outstanding Balance Beginning This Period 5.00	Transaction ID: DF17F5AFCCC744C43A1E	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Storefront Political Media	Nature of Debt (Purpose): Photographer
Mailing Address 250 Sutter Street, Suite 650	
City State ZIP Code San Francisco CA 94108	

Outstanding Balance Beginning This Period 537.08	Transaction ID: DDB39DC1EDB03445B8B5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 537.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bi-State Cartridge Service, Inc.	Nature of Debt (Purpose): Office Supplies
Mailing Address 1325 15th Street	
City State ZIP Code Moline IL 61265	

Outstanding Balance Beginning This Period 130.54	Transaction ID: D163D453900874450889	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 130.54

1) SUBTOTALS This Period This Page (optional).....	▶	672.62
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct TV			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 60036			
City Los Angeles	State CA	ZIP Code 90060	

Outstanding Balance Beginning This Period		Transaction ID: D8A78FBAECFAE431F9D3	
166.33			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	166.33	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct TV			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 60036			
City Los Angeles	State CA	ZIP Code 90060	

Outstanding Balance Beginning This Period		Transaction ID: DBC6FF85AE35C41E68CA	
44.26			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	44.26	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct TV			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 60036			
City Los Angeles	State CA	ZIP Code 90060	

Outstanding Balance Beginning This Period		Transaction ID: D98583EF190B742F4B0A	
32.22			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	32.22	

1) SUBTOTALS This Period This Page (optional).....	▶	242.81
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 203 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Air Charter Team, Inc.	Nature of Debt (Purpose): Transportation
Mailing Address 10015 N.W. Ambassador Drive Suite 202	
City State ZIP Code Kansas City MO 64153	

Outstanding Balance Beginning This Period 1304.61	Transaction ID: DCAA2DBC5CEA94CD089C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1304.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zahara's Cafe & Bakery, Inc.	Nature of Debt (Purpose): Food & Beverage
Mailing Address 525 Washington Blvd, 2nd Flr	
City State ZIP Code Jersey City NJ 07310	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: DD281F4AE8DC34BC7B93	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Printer Works	Nature of Debt (Purpose): Printer
Mailing Address 3481 Arden Road	
City State ZIP Code Hayward CA 94545	

Outstanding Balance Beginning This Period 819.44	Transaction ID: DFC2998A4374B4E86BCA	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 819.44

1) SUBTOTALS This Period This Page (optional).....	▶	4624.05
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="416.01"/>		Transaction ID: D91E4CB1724CB455C94A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="416.01"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="1115.75"/>		Transaction ID: DEC21CC9229D5404F97B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1115.75"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="659.58"/>		Transaction ID: DFC448EB6B1054323A65	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="659.58"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2191.34"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="72.04"/>		Transaction ID: D275E706E6F7F4C6C938	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="72.04"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="123.36"/>		Transaction ID: DF30D747F375F47E5882	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="123.36"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="196.90"/>		Transaction ID: DAB442CA849544E83A13	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="196.90"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="392.30"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period 1406.57		Transaction ID: DB92957A464EF4AC685D	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1406.57	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period 65.24		Transaction ID: D7B3E6DAFE5CE4AFB9B8	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 65.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period 78.77		Transaction ID: D2F929A7374FC4A50B84	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 78.77	

1) SUBTOTALS This Period This Page (optional).....	1550.58
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Peter Nichols			Nature of Debt (Purpose): Consulting Fee
Mailing Address 222 Stony Brook Road			
City Hopewell	State NJ	ZIP Code 08525-3003	

Outstanding Balance Beginning This Period 15000.00		Transaction ID: DE18E31E6A6564CF4B75	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 15000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shippng
Mailing Address PO Box 7247-0244			
City Philadephia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period 126.91		Transaction ID: D46BD2137637F4679A43	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 126.91	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim VanDusseldorp			Nature of Debt (Purpose): Bus Servicing
Mailing Address 2406 15th Ave. N.			
City Clear Lake	State IA	ZIP Code 50428-2037	

Outstanding Balance Beginning This Period 92.50		Transaction ID: DECE5259C4BB240ADBB7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 92.50	

1) SUBTOTALS This Period This Page (optional).....	▶	15219.41
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC			Nature of Debt (Purpose): Fees
Mailing Address 1101 Penn Avenue			
City Scranton	State PA	ZIP Code 18509	

Outstanding Balance Beginning This Period <input type="text" value="136.05"/>		Transaction ID: DF477C3FE35E04A05B7F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="136.05"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Unitil			Nature of Debt (Purpose): Utilities
Mailing Address PO BOx 2013			
City Concord	State NH	ZIP Code 03302	

Outstanding Balance Beginning This Period <input type="text" value="115.06"/>		Transaction ID: D14B3EB6706674783815	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="115.06"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Northern Business Machines			Nature of Debt (Purpose): Rental
Mailing Address 24 Terry Avenue			
City Burlington	State MA	ZIP Code 01803	

Outstanding Balance Beginning This Period <input type="text" value="698.00"/>		Transaction ID: DF72BE3ADBBB14CB9BC7	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="698.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="949.11"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grand Colony			Nature of Debt (Purpose): Lodging
Mailing Address 2824 Grand Avenue, #218			
City Des Moines	State IA	ZIP Code 50312	

Outstanding Balance Beginning This Period		Transaction ID: D232577C9B94046BB9A9	
153.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	153.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Webster Bank			Nature of Debt (Purpose): Loan interest payment
Mailing Address 185 Asylum Street			
City Hartford	State CT	ZIP Code 06103-3401	

Outstanding Balance Beginning This Period		Transaction ID: D2455C9526EE244CC9BA	
4177.74			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	4177.74	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period		Transaction ID: D51DCEF2884624EE6A6A	
111.80			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	111.80	

1) SUBTOTALS This Period This Page (optional).....	▶	4443.04
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PMI	Nature of Debt (Purpose): Parking
Mailing Address	
City State ZIP Code Washington DC	

Outstanding Balance Beginning This Period 465.00	Transaction ID: D8747457AA9894F1CB0C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 465.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS	Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244	
City State ZIP Code Philadelphia PA 19170	

Outstanding Balance Beginning This Period 59.43	Transaction ID: DBA9563936FE04325AD0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 59.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carter Printing	Nature of Debt (Purpose): Finance Charge
Mailing Address 1739 East Grand Avenue	
City State ZIP Code Des Moines IA 50316	

Outstanding Balance Beginning This Period 110.59	Transaction ID: D7499897E1ABB4EE2962	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 110.59

1) SUBTOTALS This Period This Page (optional).....	635.02
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 211 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Northland Trumbull, LLC	Nature of Debt (Purpose): Rent
Mailing Address C/o Northland Investment Corporati P.O. Box 845604	
City State ZIP Code Boston MA 02284	

Outstanding Balance Beginning This Period 3850.00	Transaction ID: D27B30042D3C24348857	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Heartland Flagpoles and Flags	Nature of Debt (Purpose): Flags
Mailing Address 3719 SW 9th Street	
City State ZIP Code Des Moines IA 50315	

Outstanding Balance Beginning This Period 215.00	Transaction ID: D92D91DF93AE6487B8F3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 215.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Webster Bank	Nature of Debt (Purpose): Loan Interest payment
Mailing Address 185 Asylum Street	
City State ZIP Code Hartford CT 06103-3401	

Outstanding Balance Beginning This Period 7056.90	Transaction ID: DA8EF061F679D4CBB9F4	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7056.90

1) SUBTOTALS This Period This Page (optional).....	▶	11121.90
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pitney Bowes			Nature of Debt (Purpose): Postage
Mailing Address PO Box 856390			
City Louisville	State KY	ZIP Code 40285	

Outstanding Balance Beginning This Period		Transaction ID: D87D4786A18704E3E866	
5522.57			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5522.57	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor IAFF FIREPAC			Nature of Debt (Purpose): Transportation Costs
Mailing Address Attn: David B. Billy 1750 New York Ave, NW			
City Washington	State DC	ZIP Code 20006-5305	

Outstanding Balance Beginning This Period		Transaction ID: DE8437A16695047AC84E	
32233.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	32233.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Kirkwood			Nature of Debt (Purpose): Rent
Mailing Address 400 Walnut Street			
City Des Moines	State IA	ZIP Code 50309	

Outstanding Balance Beginning This Period		Transaction ID: DF06ED48AFB25453C90A	
757.17			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	757.17	

1) SUBTOTALS This Period This Page (optional).....	▶	38512.98
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Corporate Real Estate			Nature of Debt (Purpose): Rent
Mailing Address Mail Code FLG1-300 8800 Adamo Drive			
City	State	ZIP Code	
Tampa	FL	33619	

Outstanding Balance Beginning This Period		Transaction ID: D3856747E818749188BE	
23250.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	23250.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Courier Service
Mailing Address PO Box 7247-0244			
City	State	ZIP Code	
Philadelphia	PA	19170	

Outstanding Balance Beginning This Period		Transaction ID: D42C8F3A7325E4A5A80E	
86.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	86.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cedar Rapids Municipal Utilities			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3255			
City	State	ZIP Code	
Cedar Rapids	IA	52406	

Outstanding Balance Beginning This Period		Transaction ID: D0E366AACBEEB484CB02	
53.51			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	53.51	

1) SUBTOTALS This Period This Page (optional).....	▶	23390.01
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 214 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Des Moines Embassy Club	Nature of Debt (Purpose): Food & Beverage
Mailing Address 801 Grand Avenue Suite 4000	
City State ZIP Code Des Moines IA 50309-2762	

Outstanding Balance Beginning This Period 4451.20	Transaction ID: DDA7C5EA9B930420A98A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4451.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 10000.00	Transaction ID: D76E8E67033CC4385B66	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS	Nature of Debt (Purpose): Courier
Mailing Address PO Box 7247-0244	
City State ZIP Code Philadelphia PA 19170	

Outstanding Balance Beginning This Period 59.95	Transaction ID: DD71C9A3EFA0F4512B37	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 59.95

1) SUBTOTALS This Period This Page (optional).....	▶	14511.15
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 215 / 218
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Northland Trumbull, LLC	Nature of Debt (Purpose): Rent
Mailing Address C/o Northland Investment Corporati P.O. Box 845604	
City State ZIP Code Boston MA 02284	

Outstanding Balance Beginning This Period 3850.00	Transaction ID: D62DA2D977A734EC594A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Webster Bank	Nature of Debt (Purpose): Interest payment
Mailing Address 185 Asylum Street	
City State ZIP Code Hartford CT 06103-3401	

Outstanding Balance Beginning This Period 5700.90	Transaction ID: DDD808CCF6F3F461FA47	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5700.90

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carter Printing	Nature of Debt (Purpose): Printing
Mailing Address 1739 East Grand Avenue	
City State ZIP Code Des Moines IA 50316	

Outstanding Balance Beginning This Period 7562.83	Transaction ID: D73B6D84253894C72B62	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7562.83

1) SUBTOTALS This Period This Page (optional).....	17113.73
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Northland Trumbull, LLC	Nature of Debt (Purpose): Rent
Mailing Address C/o Northland Investment Corporati P.O. Box 845604	
City State ZIP Code Boston MA 02284	

Outstanding Balance Beginning This Period 0.00	Transaction ID: DA4696BC628A349F7971	
Amount Incurred This Period 3850.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3850.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Webster Bank	Nature of Debt (Purpose): Interest Payment
Mailing Address 185 Asylum Street	
City State ZIP Code Hartford CT 06103-3401	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D6D0173F2D16C488496D	
Amount Incurred This Period 1625.86	Payment This Period 0.00	Outstanding Balance at Close of This Period 1625.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cedric Williams	Nature of Debt (Purpose): Car repair
Mailing Address 4401 Aldrich Avenue S	
City State ZIP Code Minneapolis MN 55419-4821	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D80F5A221749E4D8CAFD	
Amount Incurred This Period 3197.74	Payment This Period 0.00	Outstanding Balance at Close of This Period 3197.74

1) SUBTOTALS This Period This Page (optional).....	8673.60
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 217 / 218
 FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cedric Williams	Nature of Debt (Purpose): Car Repair						
Mailing Address 4401 Aldrich Avenue S							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Minneapolis</td> <td>MN</td> <td>55419-4821</td> </tr> </table>	City	State	ZIP Code	Minneapolis	MN	55419-4821	
City	State	ZIP Code					
Minneapolis	MN	55419-4821					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>	Transaction ID: D65530D3150B143C5BDD						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="280.43"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="280.43"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="280.43"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="280.43"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="280.43"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="280.43"/>					

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cedric Williams	Nature of Debt (Purpose): Car Rental						
Mailing Address 4401 Aldrich Avenue S							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Minneapolis</td> <td>MN</td> <td>55419-4821</td> </tr> </table>	City	State	ZIP Code	Minneapolis	MN	55419-4821	
City	State	ZIP Code					
Minneapolis	MN	55419-4821					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>	Transaction ID: DAC0405B098BA40BDB8F						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="748.02"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="748.02"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="748.02"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="748.02"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="748.02"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="748.02"/>					

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Voxel.net inc	Nature of Debt (Purpose): Web Hosting						
Mailing Address 29 Broadway, 30th Floor							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>New York</td> <td>NY</td> <td>10006-3216</td> </tr> </table>	City	State	ZIP Code	New York	NY	10006-3216	
City	State	ZIP Code					
New York	NY	10006-3216					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="0.00"/>	Transaction ID: DC06AE5CA3EED49569AE						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="2459.50"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="2459.50"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="2459.50"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="2459.50"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="2459.50"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="2459.50"/>					

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="3487.95"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 218 / 218	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 0.00	Transaction ID: DF0B7FFEB54884D8496F	
Amount Incurred This Period 10009.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10009.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carter Printing	Nature of Debt (Purpose): Finance Charge
Mailing Address 1739 East Grand Avenue	
City State ZIP Code Des Moines IA 50316	

Outstanding Balance Beginning This Period 0.00	Transaction ID: DD996084ABB46436095F	
Amount Incurred This Period 111.89	Payment This Period 0.00	Outstanding Balance at Close of This Period 111.89

1) SUBTOTALS This Period This Page (optional).....	10120.89
2) TOTALS This Period (last page this line number only).....	525169.45
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	380412.41