

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF PUBLIC HEALTH APR 15 PM 4:17 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Friends of Chris Murphy

ADDRESS (number and street) P.O. Box 127 Cheshire CT 06410 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00492645 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT CT 00

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [ ] October 15 Quarterly Report (Q3) [ ] January 31 Year-End Report (YE) [ ] Termination Report (TER)

(b) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 01/01/2014 through 03/31/2014

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 Janica Kyriacopoulos Signature of Treasurer Janica Kyriacopoulos Date 04/15/2014

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

14020211202

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Chris Murphy**

Report Covering the Period: From: 

M	M
01	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2014			

 To: 

M	M
03	

 / 

D	D
31	

 / 

Y	Y	Y	Y
2014			

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ...	50603.25	566421.72
(b) Total Contribution Refunds (from Line 20(d)) ..	1500.00	3357.50
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) ...	49103.25	563064.22
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	47331.09	747255.13
(b) Total Offsets to Operating Expenditures (from Line 14)...	818.19	17263.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) ...	46512.90	729991.91
<b>8. Cash on Hand at Close of Reporting Period (from Line 27)...</b>	74799.24	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ...</b>	0.00	

**For further information contact:**

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

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

14020211203

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 67

Write or Type Committee Name

Friends of Chris Murphy

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2014

To:

MM / DD / YYYY  
03 / 31 / 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A)...

36385.00

267430.24

(ii) Unitemized.....

9318.25

99059.20

(iii) TOTAL of contributions  
from individuals ..

45703.25

366489.44

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees  
(such as PACs)...

4900.00

199932.28

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

50603.25

566421.72

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the  
Candidate...

0.00

0.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES

(Refunds, Rebates, etc.) ..

818.19

17263.22

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

1.44

119.66

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

51422.88

583804.60

14020211204

**DETAILED SUMMARY PAGE**

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	47331.09	747255.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))...	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	0.00	1857.50
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACs)...	1500.00	1500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	1500.00	3357.50
21. OTHER DISBURSEMENTS ...	250.00	750.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	49081.09	751362.63

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	72457.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...	51422.88
25. SUBTOTAL (add Line 23 and Line 24)...	123880.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	49081.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	74799.24

14020211205

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Martha L. Baer</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 165 Interlaken Rd			Transaction ID : C8634415	
City Lakeville	State CT	Zip Code 06039-2102	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00	
Name of Employer Christie's		Occupation auction house specialist	Amount of Each Receipt this Period 500.00	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 500.00	Amount of Each Receipt this Period 500.00	

Full Name (Last, First, Middle Initial) <b>B. Ward Belcher</b>			Date of Receipt MM / DD / YYYY 03 / 10 / 2014	
Mailing Address 1 Town Hill Rd			Transaction ID : C8604174	
City Lakeville	State CT	Zip Code 06039-2311	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00	
Name of Employer Town Hill Farm		Occupation General Manager	Amount of Each Receipt this Period 1000.00	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 1000.00	Amount of Each Receipt this Period 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Noah Bokat-Lindell</b>			Date of Receipt MM / DD / YYYY 01 / 28 / 2014	
Mailing Address 20 Carteret St			Transaction ID : C8467510	
City Montclair	State NJ	Zip Code 07043-1304	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 20.00	
Name of Employer The Wallace Foundation		Occupation Analyst	Amount of Each Receipt this Period 20.00	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 340.00	Amount of Each Receipt this Period 20.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1520.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020211206

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

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

FOR LINE NUMBER: PAGE 6 OF 67

(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>Noah Bokat-Lindell</b>			Date of Receipt MM / DD / YYYY 02 / 28 / 2014		
Mailing Address 20 Carteret St			Transaction ID : C8526760		
City Montclair	State NJ	Zip Code 07043-1304	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C					
Name of Employer The Wallace Foundation		Occupation Analyst			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 340.00			

Full Name (Last, First, Middle Initial) <b>Noah Bokat-Lindell</b>			Date of Receipt MM / DD / YYYY 03 / 28 / 2014		
Mailing Address 20 Carteret St			Transaction ID : C8629349		
City Montclair	State NJ	Zip Code 07043-1304	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C					
Name of Employer The Wallace Foundation		Occupation Analyst			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 340.00			

Full Name (Last, First, Middle Initial) <b>Robert Boyett</b>			Date of Receipt MM / DD / YYYY 02 / 01 / 2014		
Mailing Address 16030 Ventura Blvd Ste 380			Transaction ID : C8503200		
City Encino	State CA	Zip Code 91436-2778	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Self		Occupation Entertainment Producer			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 2500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2540.00
<b>TOTAL</b> This Period (last page this line number only) .....	

14020211207

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Jessica Brackman**

Mailing Address 124 W 13th St

City New York State NY Zip Code 10011-7802

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

Name of Employer self Occupation consultant

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : **C8634374**

Amount of Each Receipt this Period **500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Lawrence Briggs**

Mailing Address 9 Thicket Ln

City West Hartford State CT Zip Code 06107-1320

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

Name of Employer Midstate Radiology Associates Occupation Interventional Radiologist

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **500.00**

Date of Receipt **02 / 25 / 2014**

Transaction ID : **C8522062**

Amount of Each Receipt this Period **500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Terrell W. Bynum**

Mailing Address 96 Glen View Ter

City New Haven State CT Zip Code 06515-1517

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

Name of Employer Southern Connecticut State University Occupation Professor

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **1800.00**

Date of Receipt **01 / 28 / 2014**

Transaction ID : **C8467509**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**

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

14020211208

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 67	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Terrell W. Bynum**

Mailing Address 96 Glen View Ter

City New Haven State CT Zip Code 06515-1517

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

Name of Employer Southern Connecticut State University Occupation Professor

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
 02 / 28 / 2014

Transaction ID : **C8526759**

Amount of Each Receipt this Period  
 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Terrell W. Bynum**

Mailing Address 96 Glen View Ter

City New Haven State CT Zip Code 06515-1517

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

Name of Employer Southern Connecticut State University Occupation Professor

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
 03 / 28 / 2014

Transaction ID : **C8629348**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Maureen Carney**

Mailing Address 355 Norton St

City New Haven State CT Zip Code 06511-7115

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

Name of Employer Davis O'Sullivan & Priest LLC Occupation Legal Assistant / Benefits Specialist

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y Y Y  
 02 / 01 / 2014

Transaction ID : **C8503229**

Amount of Each Receipt this Period  
 25.00

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

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

225.00

14020211209

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Martin E Cobern Ph.D.</b>			Date of Receipt MM / DD / YYYY 01 / 22 / 2014		
Mailing Address 7 Carriage House Way			Transaction ID : C8463982		
City Cheshire	State CT	Zip Code 06410	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer APS Technology, Inc.		Occupation VP, R&D	Amount of Each Receipt this Period 50.00		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 900.00	Amount of Each Receipt this Period 50.00		

Full Name (Last, First, Middle Initial) <b>B. Martin E Cobern Ph.D.</b>			Date of Receipt MM / DD / YYYY 02 / 22 / 2014		
Mailing Address 7 Carriage House Way			Transaction ID : C8519336		
City Cheshire	State CT	Zip Code 06410	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer APS Technology, Inc.		Occupation VP, R&D	Amount of Each Receipt this Period 50.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 900.00	Amount of Each Receipt this Period 50.00		

Full Name (Last, First, Middle Initial) <b>C. Martin E Cobern Ph.D.</b>			Date of Receipt MM / DD / YYYY 03 / 22 / 2014		
Mailing Address 7 Carriage House Way			Transaction ID : C8621321		
City Cheshire	State CT	Zip Code 06410	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer APS Technology, Inc.		Occupation VP, R&D	Amount of Each Receipt this Period 50.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 900.00	Amount of Each Receipt this Period 50.00		

SUBTOTAL of Receipts This Page (optional).....			150.00		
TOTAL This Period (last page this line number only).....					

14020211210

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Martin E Cobern Ph.D.**

Mailing Address **7 Carriage House Way**

City **Cheshire** State **CT** Zip Code **06410**

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

Name of Employer **APS Technology, Inc.** Occupation **VP, R&D**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **900.00**

Date of Receipt  
**03 / 31 / 2014**

Transaction ID : **C8634642**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jane Curtin**

Mailing Address **PO Box 1070**  
**181 Mudge Pond Rd**

City **Sharon** State **CT** Zip Code **06069-1070**

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

Name of Employer **JTC Enterprises, Ltd** Occupation **Actress**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **1000.00**

Date of Receipt  
**03 / 31 / 2014**

Transaction ID : **C8634544**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Roger Dionne**

Mailing Address **6116 SE Georgetown PI**

City **Hobe Sound** State **FL** Zip Code **33455-7344**

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

Name of Employer **none** Occupation **none**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **250.00**

Date of Receipt  
**01 / 31 / 2014**

Transaction ID : **C8502864**

Amount of Each Receipt this Period  
**50.00**

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

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

**1100.00**

14020211211

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>Jane A. Donn</b>			Date of Receipt MM / DD / YYYY <b>01 / 27 / 2014</b>		
Mailing Address <b>12 Quassuk Rd</b>			Transaction ID : <b>C8466828</b>		
City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798-2951</b>	Amount of Each Receipt this Period <b>20.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>20.00</b>		
Name of Employer Education Connection		Occupation Educator	Amount of Each Receipt this Period <b>20.00</b>		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date <b>340.00</b>	Amount of Each Receipt this Period <b>20.00</b>		

Full Name (Last, First, Middle Initial) <b>Jane A. Donn</b>			Date of Receipt MM / DD / YYYY <b>02 / 27 / 2014</b>		
Mailing Address <b>12 Quassuk Rd</b>			Transaction ID : <b>C8525393</b>		
City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798-2951</b>	Amount of Each Receipt this Period <b>20.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>20.00</b>		
Name of Employer Education Connection		Occupation Educator	Amount of Each Receipt this Period <b>20.00</b>		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date <b>340.00</b>	Amount of Each Receipt this Period <b>20.00</b>		

Full Name (Last, First, Middle Initial) <b>Jane A. Donn</b>			Date of Receipt MM / DD / YYYY <b>03 / 27 / 2014</b>		
Mailing Address <b>12 Quassuk Rd</b>			Transaction ID : <b>C8627928</b>		
City <b>Woodbury</b>	State <b>CT</b>	Zip Code <b>06798-2951</b>	Amount of Each Receipt this Period <b>20.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>20.00</b>		
Name of Employer Education Connection		Occupation Educator	Amount of Each Receipt this Period <b>20.00</b>		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date <b>340.00</b>	Amount of Each Receipt this Period <b>20.00</b>		

SUBTOTAL of Receipts This Page (optional).....			<b>60.00</b>		
TOTAL This Period (last page this line number only).....					

14020211212

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>Ray H. Elling</b>			Date of Receipt MM / DD / YYYY <b>01 / 10 / 2014</b>		
Mailing Address <b>9 K Talcott Glen Rd</b>			Transaction ID : <b>C8459172</b>		
City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032-3525</b>	Amount of Each Receipt this Period <b>15.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>UConn Health Center</b>			
Name of Employer <b>UConn Health Center</b>		Occupation <b>Prof. of Health Sociology (Emeritus)</b>			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>280.00</b>			

Full Name (Last, First, Middle Initial) <b>Ray H. Elling</b>			Date of Receipt MM / DD / YYYY <b>02 / 10 / 2014</b>		
Mailing Address <b>9 K Talcott Glen Rd</b>			Transaction ID : <b>C8509001</b>		
City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032-3525</b>	Amount of Each Receipt this Period <b>15.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>UConn Health Center</b>			
Name of Employer <b>UConn Health Center</b>		Occupation <b>Prof. of Health Sociology (Emeritus)</b>			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>280.00</b>			

Full Name (Last, First, Middle Initial) <b>Ray H. Elling</b>			Date of Receipt MM / DD / YYYY <b>03 / 12 / 2014</b>		
Mailing Address <b>9 K Talcott Glen Rd</b>			Transaction ID : <b>C8606544</b>		
City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032-3525</b>	Amount of Each Receipt this Period <b>15.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>UConn Health Center</b>			
Name of Employer <b>UConn Health Center</b>		Occupation <b>Prof. of Health Sociology (Emeritus)</b>			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>280.00</b>			

SUBTOTAL of Receipts This Page (optional).....	<b>45.00</b>
TOTAL This Period (last page this line number only).....	

14020211213

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>Reginald Fairbairn</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2014</b>
Mailing Address <b>PO Box 1018</b>		Transaction ID : <b>C8634541</b>
City <b>Washington</b>	State <b>CT</b>	Zip Code <b>06793-0018</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>New Samaritan corp</b>	Occupation <b>President/CEO non profit housing</b>	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Election Cycle-to-Date <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>Kenneth J. Floryan</b>		Date of Receipt MM / DD / YYYY <b>01 / 15 / 2014</b>
Mailing Address <b>71 Penn Dr</b>		Transaction ID : <b>C8463350</b>
City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06119-1153</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>250.00</b>	
Name of Employer <b>none</b>	Occupation <b>Retired</b>	
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>3850.00</b>	

Full Name (Last, First, Middle Initial) <b>Sandra Garfunkel</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2014</b>
Mailing Address <b>425 E 58th St Apt 7E</b>		Transaction ID : <b>C8634847</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10022-2379</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>1000.00</b>	
Name of Employer <b>N/A</b>	Occupation <b>retired</b>	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Election Cycle-to-Date <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020211214

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. William Gertz</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 172 Southwood Rd		Transaction ID : C8634545
City Fairfield	State CT	Zip Code 06825-1647
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer AIFS	Occupation CEO	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Jay Gordon</b>		Date of Receipt MM / DD / YYYY 01 / 14 / 2014
Mailing Address 901 Montana Avenue C		Transaction ID : C8462136
City Santa Monica	State CA	Zip Code 90403
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Jay Gordon, MD, Inc	Occupation Pediatrician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 240.00	

Full Name (Last, First, Middle Initial) <b>C. Jay Gordon</b>		Date of Receipt MM / DD / YYYY 02 / 14 / 2014
Mailing Address 901 Montana Avenue C		Transaction ID : C8511014
City Santa Monica	State CA	Zip Code 90403
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Jay Gordon, MD, Inc	Occupation Pediatrician	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 240.00	

SUBTOTAL of Receipts This Page (optional).....	290.00
TOTAL This Period (last page this line number only).....	

14020211215

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Jay Gordon**

Mailing Address **901 Montana Avenue**  
C

City **Santa Monica** State **CA** Zip Code **90403**

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

Name of Employer **Jay Gordon, MD, Inc** Occupation **Pediatrician**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **240.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2014**

Transaction ID : **C8609259**

Amount of Each Receipt this Period  
**20.00**

**B.** Full Name (Last, First, Middle Initial)  
**Albert Ramsdell Gurney Jr.**

Mailing Address **40 Wellers Bridge Rd**

City **Roxbury** State **CT** Zip Code **06783-1616**

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

Name of Employer **self** Occupation **writer**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **1300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

Transaction ID : **C8651652**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bruce D. Haims**

Mailing Address **251 Painter Hill Rd**

City **Roxbury** State **CT** Zip Code **06783-1206**

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

Name of Employer **Self-Employed** Occupation **Attorney**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

Transaction ID : **C8634771**

Amount of Each Receipt this Period  
**500.00**

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

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

**620.00**

14020211216

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Roberta Leigh Hines MD</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y Y Y	03		31		2014
M M M	/	D D D	/	Y Y Y Y Y Y Y Y											
03		31		2014											
Mailing Address 105 Burr St			<b>Transaction ID : C8634430</b>												
City Fairfield	State CT	Zip Code 06824-7106	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">250.00</td> </tr> </table>			250.00									
250.00															
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">250.00</td> </tr> </table>			250.00									
250.00															
Name of Employer Yale		Occupation physician	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">250.00</td> </tr> </table>			250.00									
250.00															
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Convention		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5" style="text-align: right;">500.00</td> </tr> </table>	500.00					Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">250.00</td> </tr> </table>			250.00				
500.00															
250.00															

<b>B.</b> Full Name (Last, First, Middle Initial) <b>Irving Hopkins</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y Y Y	01		27		2014
M M M	/	D D D	/	Y Y Y Y Y Y Y Y											
01		27		2014											
Mailing Address 8 Ashby St			<b>Transaction ID : C8466830</b>												
City Mystic	State CT	Zip Code 06355-2424	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table>			10.00									
10.00															
Name of Employer Mitchell College		Occupation Semi-retired prof	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table>			10.00									
10.00															
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Convention		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5" style="text-align: right;">265.00</td> </tr> </table>	265.00					Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table>			10.00				
265.00															
10.00															

<b>C.</b> Full Name (Last, First, Middle Initial) <b>Irving Hopkins</b>			Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>			M M M	/	D D D	/	Y Y Y Y Y Y Y Y	02		27		2014
M M M	/	D D D	/	Y Y Y Y Y Y Y Y											
02		27		2014											
Mailing Address 8 Ashby St			<b>Transaction ID : C8525395</b>												
City Mystic	State CT	Zip Code 06355-2424	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table>			10.00									
10.00															
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table>			10.00									
10.00															
Name of Employer Mitchell College		Occupation Semi-retired prof	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table>			10.00									
10.00															
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)    Convention		Election Cycle-to-Date <table border="1"> <tr> <td colspan="5" style="text-align: right;">265.00</td> </tr> </table>	265.00					Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="5" style="text-align: right;">10.00</td> </tr> </table>			10.00				
265.00															
10.00															

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<table border="1"> <tr> <td colspan="5" style="text-align: right;">270.00</td> </tr> </table>	270.00				
270.00						
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5" style="text-align: right;">270.00</td> </tr> </table>	270.00				
270.00						

14020211217

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Irving Hopkins</b>			Date of Receipt MM / DD / YYYY 03 / 27 / 2014		
Mailing Address 8 Ashby St			Transaction ID : C8627930		
City Mystic	State CT	Zip Code 06355-2424	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Mitchell College		Occupation Semi-retired prof			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 265.00			

Full Name (Last, First, Middle Initial) <b>B. Emile W. Jacques , Esq.</b>			Date of Receipt MM / DD / YYYY 01 / 31 / 2014		
Mailing Address 19 Field Point Dr			Transaction ID : C8502814		
City Greenwich	State CT	Zip Code 06830-7013	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C					
Name of Employer self		Occupation Atty.			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 250.00			

Full Name (Last, First, Middle Initial) <b>C. Maureen Keating</b>			Date of Receipt MM / DD / YYYY 02 / 20 / 2014		
Mailing Address 3 Ridgeview Dr			Transaction ID : C8517157		
City Ellington	State CT	Zip Code 06029-3635	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer Merrill Lynch		Occupation Financial Advisor			
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020211218

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Robert Lorenz</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014		
Mailing Address 33 Ore Hill Rd			Transaction ID : C8634605		
City South Kent	State CT	Zip Code 06785-1406	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Occupation artist			
Name of Employer self		Election Cycle-to-Date 500.00			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention					

Full Name (Last, First, Middle Initial) <b>B. Ernest L. Loser</b>			Date of Receipt MM / DD / YYYY 01 / 01 / 2014		
Mailing Address 20 Wilton Hunt Rd			Transaction ID : C8452935		
City Wilton	State CT	Zip Code 06897-4539	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C		Occupation retired			
Name of Employer Chase Manhattan Bank		Election Cycle-to-Date 400.00			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention					

Full Name (Last, First, Middle Initial) <b>C. Stephen Frank Mandel Jr.</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014		
Mailing Address PO Box 4298 20 Bobolink Lane			Transaction ID : C8651647		
City Greenwich	State CT	Zip Code 06831-0405	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C		Occupation Investment Management			
Name of Employer Lone Pine Capital		Election Cycle-to-Date 5200.00			
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)					

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

14020211219

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Frank Mandel Jr.**

Mailing Address **PO Box 4298**  
**20 Bobolink Lane**

City **Greenwich** State **CT** Zip Code **06831-0405**

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

Name of Employer **Lone Pine Capital** Occupation **Investment Management**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **5200.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

Transaction ID : **C8651650**

Amount of Each Receipt this Period  
**2600.00**

**B.** Full Name (Last, First, Middle Initial)  
**Susan Z. Mandel Jr.**

Mailing Address **PO Box 4298**  
**20 Bobolink Lane**

City **Greenwich** State **CT** Zip Code **06831-0405**

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

Name of Employer **None** Occupation **homemaker**

Receipt For: 2018  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

Transaction ID : **C8651644**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Susan Z. Mandel Jr.**

Mailing Address **PO Box 4298**  
**20 Bobolink Lane**

City **Greenwich** State **CT** Zip Code **06831-0405**

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

Name of Employer **None** Occupation **homemaker**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **5200.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2014**

Transaction ID : **C8651643**

Amount of Each Receipt this Period  
**2600.00**

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

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

**7800.00**

14020211220

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Ecton Manning</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 49 Painter Ridge Rd			Transaction ID : C8634844	
City Washington	State CT	Zip Code 06793-1710	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2000.00		
Name of Employer None	Occupation None		Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>B. James J McInerney</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2014	
Mailing Address 2458 SE 11th St			Transaction ID : C8610674	
City Pompano Beach	State FL	Zip Code 33062-7029	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00		
Name of Employer Self	Occupation Management Consultant		Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

Full Name (Last, First, Middle Initial) <b>C. Gregory Whitley Melville</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 474 Maple Ave			Transaction ID : C8635642	
City Cheshire	State CT	Zip Code 06410-2140	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 1000.00		
Name of Employer Self	Occupation Writer		Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	

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

14020211221

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 67

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Gary Mendell</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2014</b>
Mailing Address <b>58 Laurel Dr</b>		Transaction ID : <b>C8635186</b>
City <b>Easton</b>	State <b>CT</b>	Zip Code <b>06612-1755</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>500.00</b>	
Name of Employer <b>Shatterproof.org</b>	Occupation <b>Non profit</b>	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Election Cycle-to-Date <b>1500.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Byron S. Miller</b>		Date of Receipt MM / DD / YYYY <b>03 / 31 / 2014</b>
Mailing Address <b>5 Clapboard Hill Rd</b>		Transaction ID : <b>C8634570</b>
City <b>Westport</b>	State <b>CT</b>	Zip Code <b>06880-6316</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>100.00</b>	
Name of Employer <b>self</b>	Occupation <b>psychotherapist</b>	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Election Cycle-to-Date <b>600.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Ruth Miller</b>		Date of Receipt MM / DD / YYYY <b>01 / 20 / 2014</b>
Mailing Address <b>1669 ASYLUM AVENUE WEST HARTFORD</b>		Transaction ID : <b>C8463734</b>
City <b>West Hartford</b>	State <b>CT</b>	Zip Code <b>06117</b>
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period <b>10.00</b>	
Name of Employer <b>North Central Conservation District</b>	Occupation <b>conservationist</b>	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Election Cycle-to-Date <b>425.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>610.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020211222

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>Ruth Miller</b>			Date of Receipt MM / DD / YYYY <b>01 / 23 / 2014</b>		
Mailing Address <b>1669 ASYLUM AVENUE WEST HARTFORD</b>			Transaction ID : <b>C8465449</b>		
City West Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period <b>15.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer North Central Conservation District		Occupation conservationist			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date <b>425.00</b>			

Full Name (Last, First, Middle Initial) <b>Ruth Miller</b>			Date of Receipt MM / DD / YYYY <b>02 / 20 / 2014</b>		
Mailing Address <b>1669 ASYLUM AVENUE WEST HARTFORD</b>			Transaction ID : <b>C8516936</b>		
City West Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period <b>10.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer North Central Conservation District		Occupation conservationist			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date <b>425.00</b>			

Full Name (Last, First, Middle Initial) <b>Ruth Miller</b>			Date of Receipt MM / DD / YYYY <b>02 / 23 / 2014</b>		
Mailing Address <b>1669 ASYLUM AVENUE WEST HARTFORD</b>			Transaction ID : <b>C8519366</b>		
City West Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period <b>15.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer North Central Conservation District		Occupation conservationist			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date <b>425.00</b>			

SUBTOTAL of Receipts This Page (optional).....			<b>40.00</b>		
TOTAL This Period (last page this line number only).....					

14020211223

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Ruth Miller</b>		Date of Receipt MM / DD / YYYY 03 / 20 / 2014
Mailing Address 1669 ASYLUM AVENUE WEST HARTFORD		Transaction ID : C8617671
City West Hartford	State CT	Zip Code 06117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00	
Name of Employer North Central Conservation District	Occupation conservationist	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) <b>B. Ruth Miller</b>		Date of Receipt MM / DD / YYYY 03 / 25 / 2014
Mailing Address 1669 ASYLUM AVENUE WEST HARTFORD		Transaction ID : C8622602
City West Hartford	State CT	Zip Code 06117
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer North Central Conservation District	Occupation conservationist	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) <b>C. Inga-Britta Mills</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2014
Mailing Address 73 Rucum Rd		Transaction ID : C8604163
City Roxbury	State CT	Zip Code 06783-1910
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self-Employed	Occupation Artist, Printmaking	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020211224

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>Inga-Britta Mills</b>		Date of Receipt MM / DD / YYYY <b>03 / 10 / 2014</b>	
Mailing Address <b>73 Rucum Rd</b>		Transaction ID : <b>C8604166</b>	
City <b>Roxbury</b>	State <b>CT</b>	Zip Code <b>06783-1910</b>	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Self-Employed</b>		Occupation <b>Artist, Printmaking</b>	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>1100.00</b>	

Full Name (Last, First, Middle Initial) <b>Inga-Britta Mills</b>		Date of Receipt MM / DD / YYYY <b>03 / 21 / 2014</b>	
Mailing Address <b>73 Rucum Rd</b>		Transaction ID : <b>C8622861</b>	
City <b>Roxbury</b>	State <b>CT</b>	Zip Code <b>06783-1910</b>	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>Self-Employed</b>		Occupation <b>Artist, Printmaking</b>	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>1100.00</b>	

Full Name (Last, First, Middle Initial) <b>Mary J. Moninger-Elia</b>		Date of Receipt MM / DD / YYYY <b>01 / 20 / 2014</b>	
Mailing Address <b>1 Templeton St</b>		Transaction ID : <b>C8463735</b>	
City <b>West Haven</b>	State <b>CT</b>	Zip Code <b>06516-7023</b>	Amount of Each Receipt this Period <b>10.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>retired</b>		Occupation <b>none</b>	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>475.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020211225

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Mary J. Moninger-Elia</b>			Date of Receipt MM / DD / YYYY <b>01 / 28 / 2014</b>	
Mailing Address <b>1 Templeton St</b>			<b>Transaction ID : C8467511</b>	
City <b>West Haven</b>	State <b>CT</b>	Zip Code <b>06516-7023</b>	Amount of Each Receipt this Period <b>15.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>retired</b>		
Occupation <b>none</b>		Election Cycle-to-Date <b>475.00</b>		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>				

Full Name (Last, First, Middle Initial) <b>B. Mary J. Moninger-Elia</b>			Date of Receipt MM / DD / YYYY <b>02 / 20 / 2014</b>	
Mailing Address <b>1 Templeton St</b>			<b>Transaction ID : C8516937</b>	
City <b>West Haven</b>	State <b>CT</b>	Zip Code <b>06516-7023</b>	Amount of Each Receipt this Period <b>10.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>retired</b>		
Occupation <b>none</b>		Election Cycle-to-Date <b>475.00</b>		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>				

Full Name (Last, First, Middle Initial) <b>C. Mary J. Moninger-Elia</b>			Date of Receipt MM / DD / YYYY <b>02 / 28 / 2014</b>	
Mailing Address <b>1 Templeton St</b>			<b>Transaction ID : C8526761</b>	
City <b>West Haven</b>	State <b>CT</b>	Zip Code <b>06516-7023</b>	Amount of Each Receipt this Period <b>15.00</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer <b>retired</b>		
Occupation <b>none</b>		Election Cycle-to-Date <b>475.00</b>		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>				

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020211226



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Alex Neubauer</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2014
Mailing Address P.O. Box 191 14 Valley Rd		Transaction ID : C8621389
City Cornwall	State CT	Zip Code 06753
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer self	Occupation writer	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Helen Nitkin</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 230 Mason St		Transaction ID : C8639482
City Greenwich	State CT	Zip Code 06830-6633
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2400.00	
Name of Employer The HB Nitkin Group	Occupation Real Estate	
Receipt For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Helen Nitkin</b>		Date of Receipt MM / DD / YYYY 03 / 28 / 2014
Mailing Address 230 Mason St		Transaction ID : C8629484
City Greenwich	State CT	Zip Code 06830-6633
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer The HB Nitkin Group	Occupation Real Estate	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020211228

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 67	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Joseph G Paduda</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2014
Mailing Address 292 Neck Rd PO Box 627		Transaction ID : C8618575
City Madison	State CT	
Zip Code 06443-2754		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HSA	Occupation sales	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Huguet P. Pameijer</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2014
Mailing Address 10 Highwood		Transaction ID : C8502834
City Simsbury	State CT	
Zip Code 06070-2510		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer retired	Occupation retired	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) <b>C. Huguet P. Pameijer</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 10 Highwood		Transaction ID : C8634407
City Simsbury	State CT	
Zip Code 06070-2510		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer retired	Occupation retired	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 425.00	

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

14020211229

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Fiore Robert Petricone</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 50 E Chestnut Hill Rd			Transaction ID : C8634623	
City Litchfield	State CT	Zip Code 06759-4121	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Retired		Occupation Retired		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. Jan S. Raymond</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 11 Waverly Rd			Transaction ID : C8634875	
City Darien	State CT	Zip Code 06820-5736	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self		Occupation Artist		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 335.00		

Full Name (Last, First, Middle Initial) <b>C. Kathleen McKeown Sauer</b>			Date of Receipt MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 55 Birch Hill Dr			Transaction ID : C8635006	
City New Britain	State CT	Zip Code 06052-1803	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer UConn School of Medicine		Occupation RN, social worker, educator		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 360.00		

SUBTOTAL of Receipts This Page (optional).....			160.00	
TOTAL This Period (last page this line number only).....				

14020211230

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>Mary Scully</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2014
Mailing Address 29 Shadow Lane		Transaction ID : C8463983
City West Hartford	State CT	Zip Code 06110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Khmer Health Advocates	Occupation Nurse	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 340.00	

Full Name (Last, First, Middle Initial) <b>Mary Scully</b>		Date of Receipt MM / DD / YYYY 02 / 22 / 2014
Mailing Address 29 Shadow Lane		Transaction ID : C8519337
City West Hartford	State CT	Zip Code 06110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Khmer Health Advocates	Occupation Nurse	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 340.00	

Full Name (Last, First, Middle Initial) <b>Mary Scully</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2014
Mailing Address 29 Shadow Lane		Transaction ID : C8621322
City West Hartford	State CT	Zip Code 06110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Khmer Health Advocates	Occupation Nurse	
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020211231

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Paul Seltman</b>			Date of Receipt MM / DD / YYYY 01 / 10 / 2014		
Mailing Address 514 Ashford Road			Transaction ID : C8459171		
City Silver Spring	State MD	Zip Code 20910	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer Smith & Nephew, Inc.		Occupation Attorney	Amount of Each Receipt this Period 50.00		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 850.00	Amount of Each Receipt this Period 50.00		

Full Name (Last, First, Middle Initial) <b>B. Paul Seltman</b>			Date of Receipt MM / DD / YYYY 02 / 10 / 2014		
Mailing Address 514 Ashford Road			Transaction ID : C8509000		
City Silver Spring	State MD	Zip Code 20910	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer Smith & Nephew, Inc.		Occupation Attorney	Amount of Each Receipt this Period 50.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 850.00	Amount of Each Receipt this Period 50.00		

Full Name (Last, First, Middle Initial) <b>C. Paul Seltman</b>			Date of Receipt MM / DD / YYYY 03 / 10 / 2014		
Mailing Address 514 Ashford Road			Transaction ID : C8600061		
City Silver Spring	State MD	Zip Code 20910	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 50.00		
Name of Employer Smith & Nephew, Inc.		Occupation Attorney	Amount of Each Receipt this Period 50.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 850.00	Amount of Each Receipt this Period 50.00		

SUBTOTAL of Receipts This Page (optional).....			150.00		
TOTAL This Period (last page this line number only).....					

14020211232

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 13b	<input type="checkbox"/> 11c
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Shapiro**

Mailing Address 73 Blackman Rd

City Ridgefield State CT Zip Code 06877-4203

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

Name of Employer Unimin Corporation Occupation Executive

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2014

Transaction ID : C8464296

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Sheehy**

Mailing Address 200 Ridgewood Ave

City Hamden State CT Zip Code 06517-1430

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

Name of Employer self Occupation engineer

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

Transaction ID : C8634845

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**James R. Sheffield**

Mailing Address 14 Fox Rd

City West Cornwall State CT Zip Code 06796-1407

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

Name of Employer Retired Occupation Education

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

Transaction ID : C8634408

Amount of Each Receipt this Period  
 50.00

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

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

2150.00

14020211233

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 67		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Garrett A. Smith</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2014		
Mailing Address 83 Cider Brook Rd			Transaction ID : C8463723		
City Avon	State CT	Zip Code 06001-2802	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 20.00		
Name of Employer Senior Service America, Inc.		Occupation solid waste circuit rider	Amount of Each Receipt this Period 20.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 340.00	Amount of Each Receipt this Period 20.00		

Full Name (Last, First, Middle Initial) <b>B. Garrett A. Smith</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 19 / 2014		
Mailing Address 83 Cider Brook Rd			Transaction ID : C8514040		
City Avon	State CT	Zip Code 06001-2802	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 20.00		
Name of Employer Senior Service America, Inc.		Occupation solid waste circuit rider	Amount of Each Receipt this Period 20.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 340.00	Amount of Each Receipt this Period 20.00		

Full Name (Last, First, Middle Initial) <b>C. Garrett A. Smith</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2014		
Mailing Address 83 Cider Brook Rd			Transaction ID : C8616849		
City Avon	State CT	Zip Code 06001-2802	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 20.00		
Name of Employer Senior Service America, Inc.		Occupation solid waste circuit rider	Amount of Each Receipt this Period 20.00		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 340.00	Amount of Each Receipt this Period 20.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	60.00

14020211234

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Lucy Stensland Laederich</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 02 / 2014	
Mailing Address 48 bis rue Saint Remi			Transaction ID : C8453028	
City Bordeaux	State AA	Zip Code 33000	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C				
Name of Employer self		Occupation translator		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 245.00		

Full Name (Last, First, Middle Initial) <b>B. Lucy Stensland Laederich</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 48 bis rue Saint Remi			Transaction ID : C8634533	
City Bordeaux	State AA	Zip Code 33000	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer self		Occupation translator		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 245.00		

Full Name (Last, First, Middle Initial) <b>C. Carol Swenson</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2014	
Mailing Address 151 Old Redding Rd			Transaction ID : C8634825	
City Redding	State CT	Zip Code 06896-2206	Amount of Each Receipt this Period 425.00	
FEC ID number of contributing federal political committee. C				
Name of Employer self		Occupation psychologist		
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		Election Cycle-to-Date 425.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	495.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020211235

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 67		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>Mariwyn Usher</b>			Date of Receipt MM / DD / YYYY <b>01 / 28 / 2014</b>		
A. Mailing Address <b>5 Westview Rd</b>			<b>Transaction ID : C8467513</b>		
City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473-2013</b>	Amount of Each Receipt this Period <b>10.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer <b>None</b>		Occupation <b>Retired</b>			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>290.00</b>			

Full Name (Last, First, Middle Initial) <b>Mariwyn Usher</b>			Date of Receipt MM / DD / YYYY <b>02 / 28 / 2014</b>		
B. Mailing Address <b>5 Westview Rd</b>			<b>Transaction ID : C8526762</b>		
City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473-2013</b>	Amount of Each Receipt this Period <b>10.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer <b>None</b>		Occupation <b>Retired</b>			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>290.00</b>			

Full Name (Last, First, Middle Initial) <b>Mariwyn Usher</b>			Date of Receipt MM / DD / YYYY <b>03 / 28 / 2014</b>		
C. Mailing Address <b>5 Westview Rd</b>			<b>Transaction ID : C8629352</b>		
City <b>North Haven</b>	State <b>CT</b>	Zip Code <b>06473-2013</b>	Amount of Each Receipt this Period <b>10.00</b>		
FEC ID number of contributing federal political committee. <b>C</b>					
Name of Employer <b>None</b>		Occupation <b>Retired</b>			
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>		Election Cycle-to-Date <b>290.00</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

14020211236

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 67	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Mariwyn Usher**

Mailing Address 5 Westview Rd

City North Haven State CT Zip Code 06473-2013

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

Name of Employer None Occupation Retired

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date [ ] 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014

Transaction ID : **C8634529**

Amount of Each Receipt this Period  
 [ ] 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Albert Valerioti**

Mailing Address 186 Bouley Ave

City Waterbury State CT Zip Code 06705-1217

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

Name of Employer Retired Occupation Retired

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date [ ] 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014

Transaction ID : **C8634421**

Amount of Each Receipt this Period  
 [ ] 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Carmela Haklisch**

Mailing Address 130 Stone Hill Rd

City Williamstown State MA Zip Code 01267-3150

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date [ ] 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 05 / 2014

Transaction ID : **C8617017A**

Amount of Each Receipt this Period  
 [ ] 50.00

\* Earmarked Contribution: See Below

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

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

[ ] 325.00

[ ]

14020211237

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City: Cambridge State: MA Zip Code: 02238

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date: 2470.25

Date of Receipt: 03 / 18 / 2014

Transaction ID : C8617017AB

Amount of Each Receipt this Period: 50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Catherine A Murphy**

Mailing Address 29 Eastern Dr

City: Wethersfield State: CT Zip Code: 06109-2609

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

Name of Employer: Occupation: Not employed / Not employed

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date: 481.00

Date of Receipt: 03 / 05 / 2014

Transaction ID : C8617007A

Amount of Each Receipt this Period: 50.00

\* Earmarked Contribution: See Below

**C.** Full Name (Last, First, Middle Initial)  
**ACTBLUE**

Mailing Address P.O. Box 382110

City: Cambridge State: MA Zip Code: 02238

FEC ID number of contributing federal political committee: **C** C00401224

Name of Employer: Occupation: Conduit total listed in Agg. field

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date: 2470.25

Date of Receipt: 03 / 18 / 2014

Transaction ID : C8617007AB

Amount of Each Receipt this Period: 50.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... 50.00

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

14020211238

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Linda A Fercodini**

Mailing Address **19 Andrea Ave**

City **Wolcott** State **CT** Zip Code **06716**

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

Name of Employer **Fercodini Properties, Inc** Occupation **Realtor**

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	06	/	2014

Transaction ID : **C8622888A**

Amount of Each Receipt this Period  

500.00
--------

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
**VOTESANE PAC**

Mailing Address **PO BOX 2713**

City **ALEXANDRIA** State **VA** Zip Code **22301**

FEC ID number of contributing federal political committee. **C C00484535**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2018  
 Primary  General  
 Other (specify) **Convention**

Election Cycle-to-Date **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	21	/	2014

Transaction ID : **C8622888AB**

Amount of Each Receipt this Period  

500.00
--------

[MEMO ITEM]  
Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  

M M	/	D D	/	Y Y Y Y
	/		/	

Amount of Each Receipt this Period  

--

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

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

500.00
36385.00

14020211239

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 67			
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Connecticut Association of Psychologists PAC**

Mailing Address 225 Oakland Rd, Ste 301

City South Windsor State CT Zip Code 06074-2896

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

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date [ ] 0.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2014

Transaction ID : **C8604151**

Amount of Each Receipt this Period  
 [ ] 900.00

Permissible Funds

**B.** Full Name (Last, First, Middle Initial)  
**GENWORTH FINANCIAL INC POLITICAL ACTION COMMITTEE**

Mailing Address 6620 W. Broad Street

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date [ ] 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

Transaction ID : **C8651661**

Amount of Each Receipt this Period  
 [ ] 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**GUARDIAN LIFE INSURANCE COMPANY OF AMERICA POLITICAL ACTION COMMITTEE (GUARDIAN LIFE FEDER**

Mailing Address 7 HANOVER SQUARE

City NEW YORK State NY Zip Code 10004

FEC ID number of contributing federal political committee. **C** C00173393

Name of Employer Occupation

Receipt For: 2018  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date [ ] 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

Transaction ID : **C8641544**

Amount of Each Receipt this Period  
 [ ] 1000.00

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

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

[ ] 2900.00

[ ]

14020211240

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 67			
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION C</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 51 Madison Ave. Room 1109		Transaction ID : C8641542
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00158881	Name of Employer Occupation	Amount of Each Receipt this Period 1000.00
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2014
Mailing Address 720 E Wisconsin Ave		Transaction ID : C8641540
City State Zip Code Milwaukee WI 53202	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00197095	Name of Employer Occupation	Amount of Each Receipt this Period 2000.00
Receipt For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	4900.00

14020211241

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 67
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a
	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 11d <input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A.** Full Name (Last, First, Middle Initial)  
**Paychex**

Mailing Address 3060 Williams Dr Ste 200

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
898.69

Date of Receipt  
 MM / DD / YYYY  
 02 / 03 / 2014

Transaction ID : C8717258

Amount of Each Receipt this Period  
818.19

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 MM / DD / YYYY

Amount of Each Receipt this Period

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

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

818.19

818.19

14020211242

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 42 OF 67

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. 116 Club**

Mailing Address 234 3rd St NE

City Washington State DC Zip Code 20002-5756

Purpose of Disbursement  
Campaign Meals

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

218.85
--------

Transaction ID : D557514

Category/  
Type

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 28 / 2014

Amount of Each Disbursement this Period

1.47
------

Transaction ID : D557037

Category/  
Type

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 11 / 2014

Amount of Each Disbursement this Period

0.12
------

Transaction ID : D557626

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

220.44
--------

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

--

14020211243

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 OF 67

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

MM	DD	YYYY
03	18	2014

City State Zip Code  
Cambridge MA 02138

Amount of Each Disbursement this Period

89.79
-------

Purpose of Disbursement  
Credit Card Processing Fee

--

Transaction ID : D558213

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

MM	DD	YYYY
03	20	2014

City State Zip Code  
Cambridge MA 02138

Amount of Each Disbursement this Period

1.00
------

Purpose of Disbursement  
Credit Card Processing Fee

--

Transaction ID : D558487

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

MM	DD	YYYY
01	21	2014

City State Zip Code  
Cambridge MA 02138

Amount of Each Disbursement this Period

1.98
------

Purpose of Disbursement  
Credit Card Processing Fee

--

Transaction ID : D553584

Candidate Name

Category/ Type
-------------------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

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

92.77
-------

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

--

14020211244

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 67

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

M M / D D / Y Y Y Y
01 / 27 / 2014

City State Zip Code  
Cambridge MA 02138

Amount of Each Disbursement this Period

1.98
------

Purpose of Disbursement  
Credit Card Processing Fee

Category/ Type
-------------------

Transaction ID : D554532

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

M M / D D / Y Y Y Y
02 / 07 / 2014

City State Zip Code  
Cambridge MA 02138

Amount of Each Disbursement this Period

0.40
------

Purpose of Disbursement  
Credit Card Processing Fee

Category/ Type
-------------------

Transaction ID : D555633

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address 14 Arrow St

Date of Disbursement

M M / D D / Y Y Y Y
03 / 28 / 2014

City State Zip Code  
Cambridge MA 02138

Amount of Each Disbursement this Period

1.47
------

Purpose of Disbursement  
Credit Card Processing Fee

Category/ Type
-------------------

Transaction ID : D561633

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....

3.85
------

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

--

14020211245

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 67

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Ally Financial**

Mailing Address PO Box 380902

City Minneapolis State MN Zip Code 55438-0902

Purpose of Disbursement  
Campaign Auto Lease

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		21		2014

Amount of Each Disbursement this Period

489.73
--------

Transaction ID : D561568

Category/  
Type

**B. Ally Financial**

Mailing Address PO Box 380902

City Minneapolis State MN Zip Code 55438-0902

Purpose of Disbursement  
Campaign Auto Lease

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2014

Amount of Each Disbursement this Period

489.73
--------

Transaction ID : D561569

Category/  
Type

**C. Ally Financial**

Mailing Address PO Box 380902

City Minneapolis State MN Zip Code 55438-0902

Purpose of Disbursement  
Campaign Auto Lease

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
Q3		18		2014

Amount of Each Disbursement this Period

489.73
--------

Transaction ID : D561570

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

1469.19
---------

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

--

14020211246

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 67

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address P.O. Box 8110

City Aurora State IL Zip Code 60507

Purpose of Disbursement  
Telephone Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 13 / 2014

Amount of Each Disbursement this Period

314.61
--------

Transaction ID : D560014

Category/  
Type

**B. Bank of America**

Mailing Address 730 15th St, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Banking Service Charge

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
Q1 / 15 / 2014

Amount of Each Disbursement this Period

199.73
--------

Transaction ID : D561571

Category/  
Type

**c. Bank of America**

Mailing Address 730 15th St, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Banking Service Charge

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
Q2 / 15 / 2014

Amount of Each Disbursement this Period

177.83
--------

Transaction ID : D561572

Category/  
Type

692.17

**SUBTOTAL** of Disbursements This Page (optional).....

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

14020211247

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 47 OF 67

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address 730 15th St, NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	18	/	2014

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

26.26
-------

Purpose of Disbursement  
Banking Service Charge

--

Transaction ID : D561573

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

**B. Bank of America**

Mailing Address 730 15th St, NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	17	/	2014

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

191.94
--------

Purpose of Disbursement  
Banking Service Charge

--

Transaction ID : D561574

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

**c. Blue State Digital**

Mailing Address 734 15th St NW, Ste 1200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
Q1	/	24	/	2014

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

905.50
--------

Purpose of Disbursement  
Internet Strategy/Fundraising Services

--

Transaction ID : D554349

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

**SUBTOTAL** of Disbursements This Page (optional) .....

1123.70
---------

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

--

14020211248

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<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)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Blue State Digital**

Mailing Address 734 15th St NW, Ste 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Internet Strategy/Fundraising Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

912.50
--------

Transaction ID : D556909

**B. Blue State Digital**

Mailing Address 734 15th St NW, Ste 1200

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Internet Strategy/Fundraising Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2014

Amount of Each Disbursement this Period

866.00
--------

Transaction ID : D560017

**C. Faith and Politics Institue**

Mailing Address 110 Maryland Ave NE  
Ste 504

City Washington State DC Zip Code 20002-5620

Purpose of Disbursement  
Event Participation Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2014

Amount of Each Disbursement this Period

1600.00
---------

Transaction ID : D557406

**SUBTOTAL** of Disbursements This Page (optional).....

3378.50
---------

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

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14020211249

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 67
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>A. First Data</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td>03</td> <td>2014</td> </tr> </table>		M M	D D	Y Y Y Y	01	03	2014
M M	D D	Y Y Y Y							
01	03	2014							
Mailing Address 1 Western Maryland Pkwy		Amount of Each Disbursement this Period							
City Hagerstown	State MD	Zip Code 21740	<table border="1"> <tr> <td>315.82</td> </tr> </table>	315.82					
315.82									
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type	Transaction ID : D561575						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention								
State: District:									

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>B. First Data</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td>03</td> <td>2014</td> </tr> </table>		M M	D D	Y Y Y Y	02	03	2014
M M	D D	Y Y Y Y							
02	03	2014							
Mailing Address 1 Western Maryland Pkwy		Amount of Each Disbursement this Period							
City Hagerstown	State MD	Zip Code 21740	<table border="1"> <tr> <td>351.16</td> </tr> </table>	351.16					
351.16									
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type	Transaction ID : D561576						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention								
State: District:									

Full Name (Last, First, Middle Initial)		Date of Disbursement							
<b>C. First Data</b>		<table border="1"> <tr> <td>M M</td> <td>D D</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td>03</td> <td>2014</td> </tr> </table>		M M	D D	Y Y Y Y	03	03	2014
M M	D D	Y Y Y Y							
03	03	2014							
Mailing Address 1 Western Maryland Pkwy		Amount of Each Disbursement this Period							
City Hagerstown	State MD	Zip Code 21740	<table border="1"> <tr> <td>214.75</td> </tr> </table>	214.75					
214.75									
Purpose of Disbursement Merchant Fees	Candidate Name	Category/ Type	Transaction ID : D561577						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention								
State: District:									

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	881.73
<b>TOTAL</b> This Period (last page this line number only).....	

14020211250

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Mrs. Allison Baker Griner</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2014
Mailing Address 4971 Allan Road		Amount of Each Disbursement this Period 400.00
City Bethesda	State MD	
Zip Code 20816	Purpose of Disbursement Fundraising Consulting Services	Transaction ID : D557515
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Mrs. Allison Baker Griner</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2014
Mailing Address 4971 Allan Road		Amount of Each Disbursement this Period 400.00
City Bethesda	State MD	
Zip Code 20816	Purpose of Disbursement Fundraising Consulting Services	Transaction ID : D555679
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Mrs. Allison Baker Griner</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2014
Mailing Address 4971 Allan Road		Amount of Each Disbursement this Period 400.00
City Bethesda	State MD	
Zip Code 20816	Purpose of Disbursement Fundraising Consulting Services	Transaction ID : D555680
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	

14020211251

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Haute on the Hill**

Mailing Address B-339B Rayburn House Office Buildi

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

240.00
--------

Transaction ID : D557511

**B. JPMorgan Chase Bank NA Commercial Card Solutions**

Mailing Address PO Box 4473

City Carol Stream State IL Zip Code 60197-4473

Purpose of Disbursement  
Travel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 13 / 2014

Amount of Each Disbursement this Period

58.49
-------

Transaction ID : D560012

**C. National Indemnity Insurance Company**

Mailing Address PO Box 77029

City Minneapolis State MN Zip Code 55480-7729

Purpose of Disbursement  
Campaign Auto Insurance

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
Q1 / 09 / 2014

Amount of Each Disbursement this Period

157.24
--------

Transaction ID : D561578

**SUBTOTAL** of Disbursements This Page (optional).....

455.73
--------

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

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14020211252

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. National Indemnity Insurance Company**

Mailing Address PO Box 77029

City Minneapolis State MN Zip Code 55480-7729

Purpose of Disbursement  
Campaign Auto Insurance

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2014

Amount of Each Disbursement this Period

157.24
--------

Transaction ID : D561579

Full Name (Last, First, Middle Initial)

**B. National Indemnity Insurance Company**

Mailing Address PO Box 77029

City Minneapolis State MN Zip Code 55480-7729

Purpose of Disbursement  
Campaign Auto Insurance

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

157.24
--------

Transaction ID : D561580

Full Name (Last, First, Middle Initial)

**C. NGP Van, Inc.**

Mailing Address 1101 15th St NW  
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Software Licensing Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : D556907

**SUBTOTAL** of Disbursements This Page (optional).....

3314.48
---------

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

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14020211253

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3060 Williams Dr Ste 200

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01	/	21	/	2014

Amount of Each Disbursement this Period

493.67
--------

Transaction ID : D561581

**B. Paychex**

Mailing Address 3060 Williams Dr Ste 200

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01	/	10	/	2014

Amount of Each Disbursement this Period

51.82
-------

Transaction ID : D561582

**C. Paychex**

Mailing Address 3060 Williams Dr Ste 200

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	10	/	2014

Amount of Each Disbursement this Period

51.82
-------

Transaction ID : D561583

**SUBTOTAL** of Disbursements This Page (optional).....

597.31
--------

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

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14020211254

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 54 OF 67

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 3060 Williams Dr Ste 200

City State Zip Code  
Fairfax VA 22031

Purpose of Disbursement  
Payroll Processing Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	10	/	2014

Amount of Each Disbursement this Period

307.21
--------

Transaction ID : D556853

**B. PCMS, LLC**

Mailing Address 1050 17th St NW, Ste 590

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01	/	24	/	2014

Amount of Each Disbursement this Period

1141.98
---------

Transaction ID : D554348

**C. PCMS, LLC**

Mailing Address 1050 17th St NW, Ste 590

City State Zip Code  
Washington DC 20036

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	04	/	2014

Amount of Each Disbursement this Period

1442.21
---------

Transaction ID : D555448

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

2891.40
---------

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

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14020211255

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address 1050 17th St NW, Ste 590		Amount of Each Disbursement this Period 754.11
City Washington State DC Zip Code 20036	Transaction ID : D560016	
Purpose of Disbursement Accounting Services	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Restaurant Associates</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2014
Mailing Address PO Box 417632		Amount of Each Disbursement this Period 40.00
City Boston State MA Zip Code 02241-7632	Transaction ID : D560018	
Purpose of Disbursement Meeting Food & Beverages	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Restaurant Associates</b>		Date of Disbursement MM / DD / YYYY 02 / 12 / 2014
Mailing Address PO Box 417632		Amount of Each Disbursement this Period 50.00
City Boston State MA Zip Code 02241-7632	Transaction ID : D556251	
Purpose of Disbursement Meeting Food & Beverages	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	844.11
<b>TOTAL</b> This Period (last page this line number only).....	

14020211256

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Restaurant Associates**

Mailing Address PO Box 417632

City Boston State MA Zip Code 02241-7632

Purpose of Disbursement  
Meeting Food & Beverages

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 09 / 2014

Amount of Each Disbursement this Period

30.00
-------

Transaction ID : D554346

Category/ Type
-------------------

**B. Revolution Messaging, LLC**

Mailing Address 1730 Rhode Island Ave, NW  
Ste 610

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Website Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 24 / 2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : D554347

Category/ Type
-------------------

**c. Revolution Messaging, LLC**

Mailing Address 1730 Rhode Island Ave, NW  
Ste 610

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Website Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 30 / 2014

Amount of Each Disbursement this Period

2006.80
---------

Transaction ID : D555156

Category/ Type
-------------------

**SUBTOTAL** of Disbursements This Page (optional).....

3536.80
---------

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

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14020211257

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 57 OF 67

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Revolution Messaging, LLC**

Mailing Address 1730 Rhode Island Ave, NW  
Ste 610

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Website Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : D556910

**B. The Bijou Theater**

Mailing Address 277 Fairfield Ave

City Bridgeport State CT Zip Code 06604-4207

Purpose of Disbursement  
Fundraising Event Space Rental

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2014

Amount of Each Disbursement this Period

2255.00
---------

Transaction ID : D557510

**c. The Harty Press**

Mailing Address 25 James Street  
P.O. Box 324

City New Haven State CT Zip Code 06513

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

Amount of Each Disbursement this Period

4263.32
---------

Transaction ID : D557320

**SUBTOTAL** of Disbursements This Page (optional).....

8018.32
---------

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

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14020211258

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address P.O. Box 15062

City Albany State NY Zip Code 12212-5062

Purpose of Disbursement Telephone Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 15 / 2014

Amount of Each Disbursement this Period

278.07
--------

Transaction ID : D558826

Category/ Type
-------------------

**B. Verizon Wireless**

Mailing Address P.O. Box 15062

City Albany State NY Zip Code 12212-5062

Purpose of Disbursement Telephone Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 16 / 2014

Amount of Each Disbursement this Period

327.83
--------

Transaction ID : D561586

Category/ Type
-------------------

**C. Verizon Wireless**

Mailing Address P.O. Box 15062

City Albany State NY Zip Code 12212-5062

Purpose of Disbursement Telephone Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 19 / 2014

Amount of Each Disbursement this Period

191.31
--------

Transaction ID : D561587

Category/ Type
-------------------

**SUBTOTAL** of Disbursements This Page (optional) .....

797.21
--------

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

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14020211259

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address P.O. Box 15062

City Albany State NY Zip Code 12212-5062

Purpose of Disbursement  
Telephone Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 18 / 2014

Amount of Each Disbursement this Period

278.07
--------

Transaction ID : D561588

Full Name (Last, First, Middle Initial)

**B. Washington Nationals Stadium, LLC**

Mailing Address 1500 South Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Caucus Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 24 / 2014

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : D554350

Full Name (Last, First, Middle Initial)

**c. Kathy Young**

Mailing Address 715 Quinpiac Ave  
2R

City New Haven State CT Zip Code 06513-4062

Purpose of Disbursement  
Event Planning and Logistics

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 10 / 2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : D556249

**SUBTOTAL** of Disbursements This Page (optional).....

3578.07
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**TOTAL** This Period (last page this line number only).....

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14020211260

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Kathy Young**

Mailing Address 715 Quinipiac Ave  
2R

City New Haven State CT Zip Code 06513-4062

Purpose of Disbursement  
Event Planning and Logistics

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	13	/	2014

Amount of Each Disbursement this Period

10848.23
----------

Transaction ID : D560015

Full Name (Last, First, Middle Initial)

**B. Bank of America Commercial Card**

Mailing Address PO Box 15731

City Wilmington State DE Zip Code 19886-5731

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
Q1	/	Q2	/	2014

Amount of Each Disbursement this Period

1072.43
---------

Transaction ID : D556679

Full Name (Last, First, Middle Initial)

**C. Bank of America Commercial Card**

Mailing Address PO Box 15731

City Wilmington State DE Zip Code 19886-5731

Purpose of Disbursement  
Banking Service Charge

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
Q1	/	Q2	/	2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : D556680

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

11920.66
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**TOTAL** This Period (last page this line number only) .....

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14020211261

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 61 OF 67

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Dunkin Donuts**

Mailing Address 741 W Main Street

City New Britain State CT Zip Code 06053

Purpose of Disbursement  
Campaign Meals

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 02 / 2014

Amount of Each Disbursement this Period

51.66
-------

Transaction ID : D556682

[MEMO ITEM]

**B. Fiola Restaurant**

Mailing Address 601 Pennsylvania Ave NW # 125N

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 02 / 2014

Amount of Each Disbursement this Period

217.65
--------

Transaction ID : D556681

[MEMO ITEM]

**C. Modern Tire**

Mailing Address 7 Raymond Rd

City West Hartford State CT Zip Code 06107-2210

Purpose of Disbursement  
Campaign Car Maintenance

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 02 / 2014

Amount of Each Disbursement this Period

719.04
--------

Transaction ID : D556684

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

0.00
------

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

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14020211262

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 67	
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Bank of America Commercial Card</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		04		2014
M M	/	D D	/	Y Y Y Y								
02		04		2014								
Mailing Address PO Box 15731		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Wilmington</td> <td>DE</td> <td>19886-5731</td> </tr> </table>		City	State	Zip Code	Wilmington	DE	19886-5731	<table border="1"> <tr> <td>855.90</td> </tr> </table>	855.90			
City	State	Zip Code										
Wilmington	DE	19886-5731										
855.90												
Purpose of Disbursement Credit Card Payment		Transaction ID : D556686										
Candidate Name		Category/Type										
Office Sought:	Disbursement For: 2018											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention											
State:      District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Bank of America Commercial Card</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		04		2014
M M	/	D D	/	Y Y Y Y								
02		04		2014								
Mailing Address PO Box 15731		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Wilmington</td> <td>DE</td> <td>19886-5731</td> </tr> </table>		City	State	Zip Code	Wilmington	DE	19886-5731	<table border="1"> <tr> <td>15.00</td> </tr> </table>	15.00			
City	State	Zip Code										
Wilmington	DE	19886-5731										
15.00												
Purpose of Disbursement Banking Service Charge		Transaction ID : D556687										
Candidate Name		Category/Type										
Office Sought:	Disbursement For: 2018											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention											
State:      District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. United States Postal Service</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		04		2014
M M	/	D D	/	Y Y Y Y								
02		04		2014								
Mailing Address 210 Maple Ave		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Cheshire</td> <td>CT</td> <td>06410</td> </tr> </table>		City	State	Zip Code	Cheshire	CT	06410	<table border="1"> <tr> <td>11.66</td> </tr> </table>	11.66			
City	State	Zip Code										
Cheshire	CT	06410										
11.66												
Purpose of Disbursement Postage		Transaction ID : D556690										
Candidate Name		Category/Type										
Office Sought:	Disbursement For: 2018											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention											
State:      District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	855.90
<b>TOTAL</b> This Period (last page this line number only).....	

14020211263

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 63 OF 67

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Vaughan's Public House**

Mailing Address 59 Pratt St

City Hartford State CT Zip Code 06103-1620

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 04 / 2014

Amount of Each Disbursement this Period

8547.14
---------

Transaction ID : D556691

[MEMO ITEM]

**B. Bank of America Commercial Card**

Mailing Address PO Box 15731

City Wilmington State DE Zip Code 19886-5731

Purpose of Disbursement  
Credit Card Payment

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

880.01
--------

Transaction ID : D556835

**C. Bank of America Commercial Card**

Mailing Address PO Box 15731

City Wilmington State DE Zip Code 19886-5731

Purpose of Disbursement  
Banking Service Charge

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : D556837

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

880.01
--------

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

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14020211264

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 64 OF 67

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Big Y World Class Market**

Mailing Address 504 Winsted Rd

City Torrington State CT Zip Code 06790

Purpose of Disbursement  
Fundraising Event Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

175.24
--------

Transaction ID : D556843

[MEMO ITEM]

**B. iParty Retail Stores**

Mailing Address 750 Queen Street

City Southington State CT Zip Code 06489

Purpose of Disbursement  
Fundraising Event Supplies

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

163.44
--------

Transaction ID : D556846

[MEMO ITEM]

**C. Miss Thelma's**

Mailing Address 140 Fairfield Ave.

City Bridgeport State CT Zip Code 06604

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

260.56
--------

Transaction ID : D556842

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

0.00
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**TOTAL** This Period (last page this line number only).....

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14020211265

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<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)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial)

**A. Panera Bread**

Mailing Address 6710 Clayton Road

City Saint Louis State MO Zip Code 63117

Purpose of Disbursement  
Campaign Meals

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

106.47
--------

Transaction ID : D556841

[MEMO ITEM]

**B. Elizabeth Bye**

Mailing Address 99 Outlook Ave

City West Hartford State CT Zip Code 06119

Purpose of Disbursement  
Event Food & Beverages

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 06 / 2014

Amount of Each Disbursement this Period

234.07
--------

Transaction ID : D557407

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....

234.07
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**TOTAL** This Period (last page this line number only).....

46986.42
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14020211266

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

Full Name (Last, First, Middle Initial) <b>A. Connecticut Association of Psychologists PAC</b>		Date of Disbursement MM / DD / YYYY <b>03 / 25 / 2014</b>
Mailing Address <b>225 Oakland Rd, Ste 301</b>		Amount of Each Disbursement this Period <b>900.00</b> Transaction ID : <b>D558817</b>
City <b>South Windsor</b>	State <b>CT</b>	
Zip Code <b>06074-2896</b>	Purpose of Disbursement <b>Refund of 3/10/14 Contribution</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: _____ District: _____	

Full Name (Last, First, Middle Initial) <b>B. Connecticut Association of Psychologists PAC</b>		Date of Disbursement MM / DD / YYYY <b>03 / 25 / 2014</b>
Mailing Address <b>225 Oakland Rd, Ste 301</b>		Amount of Each Disbursement this Period <b>600.00</b> Transaction ID : <b>D558819</b>
City <b>South Windsor</b>	State <b>CT</b>	
Zip Code <b>06074-2896</b>	Purpose of Disbursement <b>Refund of 12/31/13 Contribution</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	State: _____ District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: _____ District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>1500.00</b>

14020211267

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

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

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NAME OF COMMITTEE (In Full)  
**Friends of Chris Murphy**

**A. CT Hispanic Democratic Caucus**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9022

City New Haven State CT Zip Code 06532

Purpose of Disbursement Sponsorship

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement MM / DD / YYYY  
01 / 07 / 2014

Amount of Each Disbursement this Period  
250.00

Transaction ID : D554345

Category/Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 250.00

**TOTAL** This Period (last page this line number only)..... 250.00

14020211268

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT  
SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-71  
PHONE (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 4-15-14  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

### OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DEL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

### NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

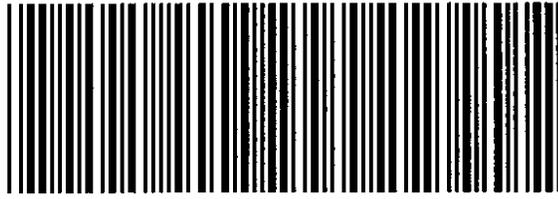
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 4-15-14

14020211269



SEN PATCH



SEN PATCH

14020211270