

DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

(PAGE 2, FEC FORM 3P)

Name of committee (in full) Chris Dodd For President Inc		Report Covering the Period From: 04/01/2010 To: 06/30/2010	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	1961741.71	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	107400.00	10190771.95	
(b) Political Party Committees	0.00	100.00	
(c) Other Political Committees	0.00	760698.30	
(d) The Candidate	0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	107400.00	10951570.25	
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	4860755.00	
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00	
(b) Other Loans	0.00	1302811.25	
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	1302811.25	
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	72.74	126708.81	
(b) Fundraising	0.00	5240.00	
(c) Legal and Accounting	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	72.74	131948.81	
21. OTHER RECEIPTS (Dividend, Interest, etc.)	41.27	-304527.51	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	107514.01	18904299.51	
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	124658.67	15733422.84	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	440110.00	
25. FUNDRAISING DISBURSEMENTS	0.00	0.00	
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	0.00	0.00	
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	0.00	0.00	
(b) Other Repayments	0.00	1302811.25	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	1302811.25	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	200.00	1190642.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	172258.30	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	200.00	1362900.30	
29. OTHER DISBURSEMENTS	0.00	11000.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	124858.67	18850244.39	
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00		

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 53
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full)

Chris Dodd For President Inc

ADDRESS (number and street)

PO Box 270701

CITY, STATE, and ZIP CODE

West Hartford

CT

06127

2. IDENTIFICATION NUMBER

C00431379

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	31412.23
Arizona	0.00	0.00	New Hampshire	0.00	694906.41
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	41.21	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	533.78
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	2510687.16	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	68.00	Washington	0.00	0.00
Massachusetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	3237648.79

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 4 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

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

A.	Full Name (Last, First, Middle Initial) Act Blue	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 1 0
	Mailing Address P.O. Box 382110	Amount of Each Receipt this Period 6400.00
	City State Zip Code Cambridge MA 02238	
	FEC ID number of contributing federal political committee.	[MEMO ITEM]
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 0.00	Transaction ID: AB532A872F5C245198ED	

B.	Full Name (Last, First, Middle Initial) Mitesh Amin	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0
	Mailing Address 65 Sheridan Drive	Amount of Each Receipt this Period 2000.00
	City State Zip Code Atlanta GA 30305-3101	
	FEC ID number of contributing federal political committee.	[MEMO ITEM]
	Name of Employer Occupation Self Employed Hotelier	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 2000.00	Transaction ID: A90B14B6E750840B5A74	

C.	Full Name (Last, First, Middle Initial) Jerry R. Anderson	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 1 0
	Mailing Address P.O. Box 1633	Amount of Each Receipt this Period 2300.00
	City State Zip Code Provo UT 84603-1633	
	FEC ID number of contributing federal political committee.	[MEMO ITEM]
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Election Cycle-to-Date ▼ 2300.00	Transaction ID: AE57C9D5031474654948	

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

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 5 / 53
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

A.	Full Name (Last, First, Middle Initial) C. David Cabanilla		Date of Receipt
	Mailing Address 365 West 3800 North		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Provo	UT	84604-4980
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Amount of Each Receipt this Period		<input type="text"/> 2300.00
Name of Employer FedEx		Occupation Pilot	Transaction ID: AC854453B131F40D797B
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	

B.	Full Name (Last, First, Middle Initial) Nathalie Daniel		Date of Receipt
	Mailing Address 315 W 33rd Street Apt. 34B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10001-2796
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Amount of Each Receipt this Period		<input type="text"/> 2300.00
Name of Employer Ernst & Young LLP		Occupation Auditor	Transaction ID: A497AD5DE53A94132820
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	

C.	Full Name (Last, First, Middle Initial) Neelson Daniel		Date of Receipt
	Mailing Address 315 W 33rd Street Apt. 34B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10001-2796
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Amount of Each Receipt this Period		<input type="text"/> 2300.00
Name of Employer Ernst & Young LLP		Occupation Manager	Transaction ID: A5AFB768C828545669FD
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	

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

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 53

(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Akaterini Dinas-Raptis		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
Mailing Address 43-23 222 Street		Amount of Each Receipt this Period 2300.00	
City Bayside	State NY	Zip Code 11361	
FEC ID number of contributing federal political committee.		Transaction ID: A555296B0B65D43B6B2D	
Name of Employer Forest Pharma	Occupation Pharmaceutical Executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

B. Full Name (Last, First, Middle Initial) Maria Doulos		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
Mailing Address 63-33 253rd Street		Amount of Each Receipt this Period 1000.00	
City Little Neck	State NY	Zip Code 11362-2407	
FEC ID number of contributing federal political committee.		Transaction ID: AE4C7FE36FB644F0DB2E	
Name of Employer Admiral Insurance	Occupation Underwriter		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Charlene M Eisen		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
Mailing Address 108 Garfield Street		Amount of Each Receipt this Period 2300.00	
City Garden City	State NY	Zip Code 11530-2407	
FEC ID number of contributing federal political committee.		Transaction ID: AB022A2C43290432BAE5	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	5600.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Robert F. Eisen	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 108 Garfield Street	Amount of Each Receipt this Period 2300.00
	City State Zip Code Garden City NY 11530-2407	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation FNB Banker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: AC576DEE2855943F29A3

B.	Full Name (Last, First, Middle Initial) Richard E Farley	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 80 Pine Street 19th Floor	Amount of Each Receipt this Period 1000.00
	City State Zip Code New York NY 10005-1702	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Cahill Gordon & Reindel LLP Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: AABF91231EE0648FABE5

C.	Full Name (Last, First, Middle Initial) Luis Fernandez	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 246 Eden Road	Amount of Each Receipt this Period 2000.00
	City State Zip Code Palm Beach FL 33480-3316	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation American Sugar Refining President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	Transaction ID: ADD578FC9D72E4FD39BF

SUBTOTAL of Receipts This Page (optional)	5300.00
TOTAL This Period (last page this line number only)	

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 53
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Lambros Flouras		Date of Receipt
	Mailing Address 45 Queens Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Manhasset Hills	NY	11040-1213
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			2300.00
Name of Employer Pallas Hotel		Occupation Food Manager	Transaction ID: A6E66FEFED6124CDCA5F
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		2300.00	

B.	Full Name (Last, First, Middle Initial) Mary Flouras		Date of Receipt
	Mailing Address 45 Queens Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	New Hyde Park	NY	11040-1213
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			2300.00
Name of Employer N/A		Occupation Homemaker	Transaction ID: ACB2D8A9D4AC6477E8F5
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		2300.00	

C.	Full Name (Last, First, Middle Initial) Holli Forrest		Date of Receipt
	Mailing Address 3841 North 370 West		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Provo	UT	84604-4969
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
			2300.00
Name of Employer Self -Employed		Occupation Consultant	Transaction ID: A9AB7209F067C4AC1B90
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		2300.00	

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

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 53
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

A.	Full Name (Last, First, Middle Initial) Melissa P. Gaston		Date of Receipt
	Mailing Address 220 Riverside Blvd Apt. 12E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10069-1008
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer N/A		Occupation Retired
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	Amount of Each Receipt this Period <input type="text"/> 2300.00
			Transaction ID: AE19FB9F2EAAF475D843

B.	Full Name (Last, First, Middle Initial) Brendan L. Ince		Date of Receipt
	Mailing Address 220 Riverside Blvd. Apt. 10K		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10069-1007
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer Mann Realty		Occupation Property Manager
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	Amount of Each Receipt this Period <input type="text"/> 2300.00
			Transaction ID: A497B7EB440234EAA970

C.	Full Name (Last, First, Middle Initial) Alexia P Kalargiros		Date of Receipt
	Mailing Address 1235 Park Avenue Apt. 3B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10128-1759
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer Balyasny Asset Mngt		Occupation Auditor
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	Amount of Each Receipt this Period <input type="text"/> 2300.00
			Transaction ID: A43923DDF9CAF49ED8E3

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

Schedule A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 53

(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Anastasia Kalargiros		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
Mailing Address 834 Hunt Lane		Amount of Each Receipt this Period 2300.00	
City Manhasset	State NY	Zip Code 11030-2841	
FEC ID number of contributing federal political committee.		Transaction ID: AAB6F0704AD3B45FF953	
Name of Employer N/A	Occupation Homemaker		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

B. Full Name (Last, First, Middle Initial) Anna L. Kalargiros		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
Mailing Address 47-25 245th Street		Amount of Each Receipt this Period 2300.00	
City Little Neck	State NY	Zip Code 11362-1107	
FEC ID number of contributing federal political committee.		Transaction ID: A644B833883D74C17AD1	
Name of Employer N/A	Occupation Student		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

C. Full Name (Last, First, Middle Initial) Christos D Kalargiros		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
Mailing Address 1235 Park Avenue Apt. 3B		Amount of Each Receipt this Period 2300.00	
City New York	State NY	Zip Code 10128-1759	
FEC ID number of contributing federal political committee.		Transaction ID: A6D4BBE7339054F8AAFF	
Name of Employer Technetek	Occupation General Contractor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

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

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Christos A Kalargiros	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 47-25 245 Street	Amount of Each Receipt this Period 2300.00
	City State Zip Code Little Neck NY 11362	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Orion Construction Contractor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A7A3733D1322642E8B90

B.	Full Name (Last, First, Middle Initial) George Kalargiros	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 253-11 Cullman Avenue	Amount of Each Receipt this Period 2300.00
	City State Zip Code Little Neck NY 11362	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Self Employed Contractor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: A3854255263DD445DA3B

C.	Full Name (Last, First, Middle Initial) Ioannis Kalargiros	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 834 Hunt Lane	Amount of Each Receipt this Period 2300.00
	City State Zip Code Manhasset NY 11030-2841	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Technetek General Contractor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: ADFB8AFC514EB408290F

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

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Jennifer S. Lowndes		Date of Receipt
	Mailing Address 1184 E Rock Springs Road NE		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Atlanta	GA	30306-2265
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
	Name of Employer Sutherland Asbill et al		Occupation Attorney
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2300.00"/>	Amount of Each Receipt this Period <input type="text" value="2300.00"/>
Transaction ID: A2DCB67219FD54E36846			

B.	Full Name (Last, First, Middle Initial) Helen Maliagros		Date of Receipt
	Mailing Address 304 Community Drive Apt. 3G		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Manhasset	NY	11030-3856
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
	Name of Employer Northshore		Occupation Physician
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2300.00"/>	Amount of Each Receipt this Period <input type="text" value="2300.00"/>
Transaction ID: A4CC15B21247F426AA2E			

C.	Full Name (Last, First, Middle Initial) Jill K. Marchesi		Date of Receipt
	Mailing Address 4755 Clay Peak Drive		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Las Vegas	NV	89129-2222
	FEC ID number of contributing federal political committee.		<input type="text" value="2500.00"/>
	Name of Employer N/A		Occupation Homemaker
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Transaction ID: AA340F9055037456E95C			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="7100.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Raymond McDaniel	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 411 West End Avenue	Amount of Each Receipt this Period 1000.00
	City State Zip Code New York NY 10024-5719	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Moody's Investors Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: A6DB8CE2E891347FBA5E

B.	Full Name (Last, First, Middle Initial) Charles Merinoff	Date of Receipt MM / DD / YYYY 06 / 24 / 2010
	Mailing Address 60 East 42nd Street Suite 1915	Amount of Each Receipt this Period 2300.00
	City State Zip Code New York NY 10165-6230	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: AAB5C18899B314FDCBBA

C.	Full Name (Last, First, Middle Initial) George J. Mihalios	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 924 Malba Drive	Amount of Each Receipt this Period 2300.00
	City State Zip Code Whitestone NY 11357-1026	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Orion Construction Contractor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	Transaction ID: AF6F5B6E35AAC4EFDA8C

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

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Maria L Mihalios		Date of Receipt
	Mailing Address 924 Malba Drive		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Whitestone	NY	11357-1026
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer Self Employed		Occupation dental hygienist	Amount of Each Receipt this Period <input type="text" value="2300.00"/>
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2300.00"/>	
Transaction ID: AD314141B66414A6AACA			

B.	Full Name (Last, First, Middle Initial) Dominic Moller		Date of Receipt
	Mailing Address 34 Henry Street		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Valley Stream	NY	11580-1929
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer Moller & Moller Electrical		Occupation Owner	Amount of Each Receipt this Period <input type="text" value="2300.00"/>
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2300.00"/>	
Transaction ID: A7DEC58CC2B5D4C299C3			

C.	Full Name (Last, First, Middle Initial) Diana E. Moller		Date of Receipt
	Mailing Address 34 Henry Street		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Valley Stream	NY	11580-1929
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer Self Employed		Occupation Massage Therapist	Amount of Each Receipt this Period <input type="text" value="2300.00"/>
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2300.00"/>	
Transaction ID: AC568E821B49F400AA81			

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

**Schedule A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 53
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

A.	Full Name (Last, First, Middle Initial) Mary E. O'Connell		Date of Receipt
	Mailing Address 169 E 91st Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	New York	NY	10128-2476
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer American Express		Occupation Manager	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="text"/> 2300.00	Transaction ID: AE8AD0DCBBB8D44049D8

B.	Full Name (Last, First, Middle Initial) Rishi Patel		Date of Receipt
	Mailing Address 2860 Cravey Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Atlanta	GA	30345-1420
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Self Employed		Occupation Real Estate	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2300.00
		<input type="text"/> 2300.00	Transaction ID: AE44E7C5782824CF3BFD

C.	Full Name (Last, First, Middle Initial) Sachin Patel		Date of Receipt
	Mailing Address 2100 Parklake Drive Suite A		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Decatur	GA	30033
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Atlanta EB-S Regional		Occupation Principal	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 2100.00
		<input type="text"/> 2100.00	Transaction ID: A964FDE83A485490499D

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 6700.00
TOTAL This Period (last page this line number only)	<input type="text"/>

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Monica Petro		Date of Receipt
	Mailing Address 714 S. Eastridge Drive		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Springville	UT	84663-3911
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2300.00"/>	
<input type="checkbox"/> Other (specify) ▼			
			Transaction ID: A5EE116DC71BD443DBC1

B.	Full Name (Last, First, Middle Initial) George Raptis		Date of Receipt
	Mailing Address 43-23 222 Street		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Bayside	NY	11361
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer Mega Construction		Occupation Construction	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2300.00"/>	
<input type="checkbox"/> Other (specify) ▼			
			Transaction ID: AB9C39C92D6D649CCA07

C.	Full Name (Last, First, Middle Initial) Marnie Rawle		Date of Receipt
	Mailing Address 301 W 3540 N		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Provo	UT	84604-5600
	FEC ID number of contributing federal political committee.		<input type="text" value="2300.00"/>
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: 2008		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="2300.00"/>	
<input type="checkbox"/> Other (specify) ▼			
			Transaction ID: A21E59B3A19B845AC9B9

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

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 53
	(check only one)
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b
<input type="checkbox"/> 17b <input type="checkbox"/> 20a	<input type="checkbox"/> 17c <input type="checkbox"/> 20b
<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Matthew J. Scott	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 100 Maiden Lane Apt. 1209	Amount of Each Receipt this Period 2300.00
	City State Zip Code New York NY 10038-4880	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Allian & Bernstein Trader	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00

Transaction ID: A66620B49784F4E71AE6

B.	Full Name (Last, First, Middle Initial) Gilbert B Sherr	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 290 Willard Drive	Amount of Each Receipt this Period 2300.00
	City State Zip Code Hewlett NY 11557-1842	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Self Employed Cpa	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00

Transaction ID: A1D0F4B5E89184450ACA

C.	Full Name (Last, First, Middle Initial) Myra E. Sherr	Date of Receipt MM / DD / YYYY 04 / 16 / 2010
	Mailing Address 290 Willard Drive	Amount of Each Receipt this Period 2300.00
	City State Zip Code Hewlett NY 11557-1842	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation N/A Homemaker	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00

Transaction ID: AB93F7324824A4BC2A5C

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

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Anthony G Testa		Date of Receipt
	Mailing Address 28 Stepping Stone Cres		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Dix Hills	NY	11746-5024
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2300.00
Name of Employer Atset Electrical		Occupation Owner	Transaction ID: A91B04C732B7940A7955
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

B.	Full Name (Last, First, Middle Initial) Linda Testa		Date of Receipt
	Mailing Address 28 Stepping Stone Cres		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Dix Hills	NY	11746-5024
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2300.00
Name of Employer Good Samaritan Hosp		Occupation RN	Transaction ID: A36A345088E1D4E84AE2
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00	

C.	Full Name (Last, First, Middle Initial) Maria Theodorakis		Date of Receipt
	Mailing Address 834 Hunt Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Manhasset	NY	11030-2841
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer N/A		Occupation Retired	Transaction ID: A6EA6D716A124486A9F7
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 53
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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

A.	Full Name (Last, First, Middle Initial) Spiros J Voutsinas		Date of Receipt
	Mailing Address 2425 Surf Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Bellmore	NY	11710-4832
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer Atlantic Bank		Occupation President
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 1000.00	Amount of Each Receipt this Period <input type="text"/> 1000.00
			Transaction ID: A6E2DF0FE67D24AF1B71

B.	Full Name (Last, First, Middle Initial) K.W. Walker		Date of Receipt
	Mailing Address 1173 S 1180 E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Spanish Fork	UT	84660-5912
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer N/A		Occupation Homemaker
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	Amount of Each Receipt this Period <input type="text"/> 2300.00
			Transaction ID: AF3E4B37EEC7C4A72B0A

C.	Full Name (Last, First, Middle Initial) Rachele H. Walker		Date of Receipt
	Mailing Address 722 E Sunburst Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Alpine	UT	84004-1201
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer N/A		Occupation Homemaker
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 2300.00	Amount of Each Receipt this Period <input type="text"/> 2300.00
			Transaction ID: A608B42B8A0984442A0F

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 53
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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

A.	Full Name (Last, First, Middle Initial) Lindsay L. Webster		Date of Receipt																				
	Mailing Address 184 Mills Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		0	6		2	0	1	0													
	City	State	Zip Code																				
	Spartanburg	SC	29302-1940																				
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period																					
		2300.00																					
Name of Employer N/A		Occupation Homemaker	Transaction ID: A87BF57B8BE95497C9AC																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00																					

B.	Full Name (Last, First, Middle Initial) Allen K. Young		Date of Receipt																				
	Mailing Address 75 South 300 West		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		0	6		2	0	1	0													
	City	State	Zip Code																				
	Provo	UT	84601-4352																				
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period																					
		2300.00																					
Name of Employer Self Employed		Occupation Attorney	Transaction ID: A030E94D032A543C0B75																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00																					

C.	Full Name (Last, First, Middle Initial) Tyler S. Young		Date of Receipt																				
	Mailing Address 465 E 835 N		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		0	6		2	0	1	0													
	City	State	Zip Code																				
	Orem	UT	84097-3366																				
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period																					
		2300.00																					
Name of Employer Self Employed		Occupation Attorney	Transaction ID: A32B3E325296F498FA81																				
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2300.00																					

SUBTOTAL of Receipts This Page (optional)	▶	6900.00
TOTAL This Period (last page this line number only)	▶	107400.00

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Act Blue Mailing Address P.O. Box 382110 City Cambridge State MA Zip Code 02238 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9177CD421380492397C Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 1 0
	Amount of Each Disbursement this Period 252.80 Category/Type

B. Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 126 Marrow Road City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B360C93E8BF2A4BBE9BB Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 72.96 Category/Type

C. Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 126 Marrow Road City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B725EB4F98E7B43ACBFF Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 83.53 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	409.29
TOTAL This Period (last page this line number only) ▶	(Empty box)

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Advantage Payroll Services <hr/> Mailing Address 126 Marrow Road <hr/> City Auburn State ME Zip Code 04210 <hr/> Purpose of Disbursement Payroll Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B778FFF649A434AB0B57 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 114.20
B.	Full Name (Last, First, Middle Initial) Advantage Payroll Services <hr/> Mailing Address 126 Marrow Road <hr/> City Auburn State ME Zip Code 04210 <hr/> Purpose of Disbursement Payroll Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB4ABA6A6FD6D454B86B Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 114.20
C.	Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 981535 <hr/> City El Paso State TX Zip Code 79998-1535 <hr/> Purpose of Disbursement Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B71F75F72F3D04A0A93A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 5.95

SUBTOTAL of Disbursements This Page (optional) ▶

234.35

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

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 981535 City El Paso State TX Zip Code 79998-1535 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE9E14E6380C04954ABC Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5.95 Category/Type
B. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 981535 City El Paso State TX Zip Code 79998-1535 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC3D71D22BC294A3392D Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5.95 Category/Type
C. Full Name (Last, First, Middle Initial) American Red Cross Mailing Address 209 Farmington Avenue City Farmington State CT Zip Code 06032 Purpose of Disbursement Contribution for Flood Victims Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5737AB9F9300463493D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

2511.90

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

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Aristotle Publishing</p> <p>Mailing Address 205 Pennsylvania Ave</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Software Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B638DB49EAE484619B78</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 South 500 East, Ste. 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAEE27ED5C2344805927</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 25.00</p>
<p>C. Full Name (Last, First, Middle Initial) Authorize.net</p> <p>Mailing Address 915 South 500 East, Ste. 200</p> <p>City American Fork State UT Zip Code 84003-3373</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BEAE8A0F7ABA745EBA23</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0</p> <p>Amount of Each Disbursement this Period 25.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2050.00

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

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) BankCard Mailing Address City State Zip Code Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B57777B9FB24D4DE8879 Date of Disbursement 05 / 03 / 2010 Amount of Each Disbursement this Period 49.95 Category/Type
B.	Full Name (Last, First, Middle Initial) BankCard Mailing Address City State Zip Code Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B579FF9AFD6D849E6BC6 Date of Disbursement 06 / 03 / 2010 Amount of Each Disbursement this Period 88.95 Category/Type
C.	Full Name (Last, First, Middle Initial) CT Dept Taxation Mailing Address 25 Sigourney St. City Hartford State CT Zip Code 06106 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B984DEDCE43FD4FF7840 Date of Disbursement 04 / 01 / 2010 Amount of Each Disbursement this Period 69.26 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

208.16

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

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 53

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

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

A.	Full Name (Last, First, Middle Initial) CT Dept Taxation Mailing Address 25 Sigourney St. City Hartford State CT Zip Code 06106 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFA55481B2D034437A8E Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 69.26
B.	Full Name (Last, First, Middle Initial) CT Dept Taxation Mailing Address 25 Sigourney St. City Hartford State CT Zip Code 06106 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3C460D98495C4BD1993 Date of Disbursement 05 / 15 / 2010 Amount of Each Disbursement this Period 81.71
C.	Full Name (Last, First, Middle Initial) CT Dept Taxation Mailing Address 25 Sigourney St. City Hartford State CT Zip Code 06106 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B26DA999AC412480F8B4 Date of Disbursement 06 / 15 / 2010 Amount of Each Disbursement this Period 34.13

SUBTOTAL of Disbursements This Page (optional) ▶

185.10

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

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) DC Dept Taxation Mailing Address P.O. Box 470 City Washington State DC Zip Code 20044 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBCCEBAAC9A9C461EA71 Date of Disbursement 04 / 15 / 2010 Amount of Each Disbursement this Period 1291.00
B.	Full Name (Last, First, Middle Initial) DC Dept Taxation Mailing Address P.O. Box 470 City Washington State DC Zip Code 20044 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDB9ADD475DC442B4B29 Date of Disbursement 05 / 15 / 2010 Amount of Each Disbursement this Period 543.00
C.	Full Name (Last, First, Middle Initial) DC Dept Taxation Mailing Address P.O. Box 470 City Washington State DC Zip Code 20044 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B3BF7B2BFBC814611AFB Date of Disbursement 06 / 15 / 2010 Amount of Each Disbursement this Period 543.00

SUBTOTAL of Disbursements This Page (optional) ▶

2377.00

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

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 53

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

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

A.	Full Name (Last, First, Middle Initial) Haitian Health Foundation Mailing Address 97 Sherman Street ATT: Jeremiah Lowney City Norwich State CT Zip Code 06360 Purpose of Disbursement Contribution for Haitian Relief Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B775B14AE5D0A4FD086E Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) IRS Mailing Address P.O. Box 8530 City Philadelphia State PA Zip Code 19162 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAC108529915F4E40A59 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0 Amount of Each Disbursement this Period 369.68
C.	Full Name (Last, First, Middle Initial) IRS Mailing Address P.O. Box 8530 City Philadelphia State PA Zip Code 19162 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC5AC1A9DEA404396ACF Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 6964.97

SUBTOTAL of Disbursements This Page (optional) ▶

9834.65

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

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 53

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

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

A.	Full Name (Last, First, Middle Initial) IRS <hr/> Mailing Address P.O. Box 8530 <hr/> City Philadelphia State PA Zip Code 19162 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD80E51EDCAB94042B6F Date of Disbursement 05 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2811.91
B.	Full Name (Last, First, Middle Initial) IRS <hr/> Mailing Address P.O. Box 8530 <hr/> City Philadelphia State PA Zip Code 19162 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4C8588CB25254965837 Date of Disbursement 06 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 2584.65
C.	Full Name (Last, First, Middle Initial) NH Dept Taxation <hr/> Mailing Address 45 Chenell Drive <hr/> City Concord State NH Zip Code 03301 <hr/> Purpose of Disbursement Tax Payment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B18DF30197ED34C5AA80 Date of Disbursement 04 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 4881.99

SUBTOTAL of Disbursements This Page (optional) ▶

10278.55

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

**Schedule B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) NV Dept Taxation</p> <p>Mailing Address P.O. Box 52685</p> <p>City Phoenix State NV Zip Code 85072</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B143F697D3B344C64920</p> <p>Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 234.54</p>
<p>B. Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address Centralized Accouting Dept. 1201 Third Ave., 40th Floor</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5A347F383C0C462C9DC</p> <p>Date of Disbursement 04 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address Centralized Accouting Dept. 1201 Third Ave., 40th Floor</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal Consulting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3246C8CF57E248889E3</p> <p>Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>10234.54</p>
<p>TOTAL This Period (last page this line number only)</p>	

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 53

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

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

<p>A. Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address Centralized Accouting Dept. 1201 Third Ave., 40th Floor</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Repayment of debt</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0B4EDF5773B44E89AF0</p> <p>Date of Disbursement 04 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 60000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address 10 Blackhawk Lane</p> <p>City West Hartford State CT Zip Code 06117-2903</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8A388871810246F2A8B</p> <p>Date of Disbursement 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1067.36</p>
<p>C. Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address 10 Blackhawk Lane</p> <p>City West Hartford State CT Zip Code 06117-2903</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B612230CDA51C41268F5</p> <p>Date of Disbursement 04 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1067.36</p>

SUBTOTAL of Disbursements This Page (optional) ▶

62134.72

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

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 53

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

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

A.	Full Name (Last, First, Middle Initial) Kathryn Damato Mailing Address 10 Blackhawk Lane City West Hartford State CT Zip Code 06117-2903 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B28E5A6AE88644ED0979 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 1795.26
B.	Full Name (Last, First, Middle Initial) Kathryn Damato Mailing Address 10 Blackhawk Lane City West Hartford State CT Zip Code 06117-2903 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2165554D4E144465A19 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 1248.47
C.	Full Name (Last, First, Middle Initial) Haroon Khan Mailing Address 770 5th Street NW Apt. # 308 City Washington State DC Zip Code 20001-2649 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0000E27EE63F4629AAE Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0 Amount of Each Disbursement this Period 9337.73

SUBTOTAL of Disbursements This Page (optional) ▶

12381.46

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

Schedule B-P ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 53

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

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

A.

Full Name (Last, First, Middle Initial)
Haroon Khan

Transaction ID: BCBE426C6E80746D48A5

Mailing Address 770 5th Street NW
Apt. # 308

Date of Disbursement

05 / 15 / 2010

City Washington State DC Zip Code 20001-2649

Amount of Each Disbursement this Period

5845.00

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Haroon Khan

Transaction ID: BF624290A470D4B9F84A

Mailing Address 770 5th Street NW
Apt. # 308

Date of Disbursement

06 / 15 / 2010

City Washington State DC Zip Code 20001-2649

Amount of Each Disbursement this Period

5845.00

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

11690.00

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

124658.67

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor REMAX Results Realty			Nature of Debt (Purpose): Rent and Utilities
Mailing Address 202 1st NW			
City Mason City	State IA	ZIP Code 50401	

Outstanding Balance Beginning This Period <input type="text" value="1036.46"/>		Transaction ID: D14F42980C9EF465D8A0	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1036.46"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City Seattle	State WA	ZIP Code 98111	

Outstanding Balance Beginning This Period <input type="text" value="669.82"/>		Transaction ID: D6224518C358E4E34936	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="669.82"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City Seattle	State WA	ZIP Code 98111	

Outstanding Balance Beginning This Period <input type="text" value="657.85"/>		Transaction ID: D160BB52601F3469FBFA	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="657.85"/>	

1) SUBTOTALS This Period This Page (optional).....	▶	<input type="text" value="2364.13"/>
2) TOTALS This Period (last page this line number only).....	▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	<input type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period 471.50	Transaction ID: DE70EBFB35F4E4F5BBA8	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 471.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period 58.58	Transaction ID: DC07FD8583E3F4BA58CA	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 58.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period 418.15	Transaction ID: DA397374A80A8418D9FD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 418.15

1) SUBTOTALS This Period This Page (optional).....	▶	948.23
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 37 / 53
 FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="575.42"/>	Transaction ID: DA3182C7E844C4F039CE
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="575.42"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="431.46"/>	Transaction ID: D703363A20B0E44A7A6C
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="431.46"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="106.73"/>	Transaction ID: DE2EA2BD913EF4C59A0F
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="106.73"/>	

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="1113.61"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period 622.51	Transaction ID: DA75CCBF704CB4716B86	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 622.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Des Moines Theatrical Shop	Nature of Debt (Purpose): Costume Rental
Mailing Address 145 5th Street	
City State ZIP Code West Des Moines IA 50265	

Outstanding Balance Beginning This Period 106.00	Transaction ID: D7952AAF64B9C4F0997B	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 106.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cox Communications	Nature of Debt (Purpose): Internet Services
Mailing Address PO Box 6059	
City State ZIP Code Cypress CA 90630	

Outstanding Balance Beginning This Period 138.02	Transaction ID: DEAECEB41D358C496EAEB	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 138.02

1) SUBTOTALS This Period This Page (optional).....	▶	866.53
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verham News			Nature of Debt (Purpose): Rent
Mailing Address P.O. Box 706			
City White Riv Jct	State VT	ZIP Code 05001-0706	

Outstanding Balance Beginning This Period		Transaction ID: DE2E3D979014F4B2194A	
910.28			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	910.28	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Express Inc.			Nature of Debt (Purpose): Courier Services
Mailing Address 3240 Hubbard Road			
City Landover	State MD	ZIP Code 20785	

Outstanding Balance Beginning This Period		Transaction ID: D80871DA60A7642ADAA1	
160.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	160.24	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Old Town Family Restaurant			Nature of Debt (Purpose): Food & Beverage
Mailing Address 2107 Camanche Avenue			
City Clinton	State IA	ZIP Code 52732-6036	

Outstanding Balance Beginning This Period		Transaction ID: D8B59DA12044449C0AE9	
130.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	130.00	

1) SUBTOTALS This Period This Page (optional).....	▶	1200.52
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COVAD	Nature of Debt (Purpose): Internet Services
Mailing Address Dept. 33408 PO BOX 39000	
City State ZIP Code San Francisco CA 94139	

Outstanding Balance Beginning This Period 1535.76	Transaction ID: D5E78BD6138D849C8A7B	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1535.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor COVAD	Nature of Debt (Purpose): Internet Services
Mailing Address Dept. 33408 PO BOX 39000	
City State ZIP Code San Francisco CA 94139	

Outstanding Balance Beginning This Period 1056.76	Transaction ID: D7FB209F7C488450BA73	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1056.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Home Front Communications	Nature of Debt (Purpose): Video
Mailing Address 1121 14th Street NW	
City State ZIP Code Washington DC 20005-5641	

Outstanding Balance Beginning This Period 6000.00	Transaction ID: D9C275736AC4E46B69DC	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6000.00

1) SUBTOTALS This Period This Page (optional).....	▶	8592.52
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660720			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period 22.28		Transaction ID: DF9E84213BC0C4FA4959	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22.28	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim VanDusseldorp			Nature of Debt (Purpose): Bus Servicing
Mailing Address 2406 15th Ave. N.			
City Clear Lake	State IA	ZIP Code 50428-2037	

Outstanding Balance Beginning This Period 92.50		Transaction ID: DECE5259C4BB240ADB7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 92.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VFW Post 775			Nature of Debt (Purpose): Space Rental
Mailing Address 702 West Main Street			
City Ottumwa	State IA	ZIP Code 52501-2226	

Outstanding Balance Beginning This Period 150.00		Transaction ID: D9F4487EF4F6F4DB6923	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00	

1) SUBTOTALS This Period This Page (optional).....	264.78
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kilkenney's			Nature of Debt (Purpose): Food & Beverage
Mailing Address 300 West 3rd Street			
City Davenport	State IA	ZIP Code 52801-1208	

Outstanding Balance Beginning This Period		Transaction ID: DE9F171102B294984BCD	
220.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	220.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Cable & Internet
Mailing Address PO Box 1577			
City Newark	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period		Transaction ID: D3A3A16E658A34B44B21	
351.30			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	351.30	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: DD0258CA80C884AB6960	
239.04			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	239.04	

1) SUBTOTALS This Period This Page (optional).....	▶	810.34
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 / 53	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan	Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue	
City State ZIP Code Waltham MA 02451	

Outstanding Balance Beginning This Period 1481.16	Transaction ID: DDFA00C779CF445C8AA6	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1481.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MoreSound Company	Nature of Debt (Purpose): Sound Equipment
Mailing Address 102 North Street	
City State ZIP Code Jaffrey NH 03452-5301	

Outstanding Balance Beginning This Period 400.00	Transaction ID: D4310E2A2AC3D49AFB1C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast	Nature of Debt (Purpose): Cable Service
Mailing Address P.O. Box 3005	
City State ZIP Code Southeastern PA 19398-3005	

Outstanding Balance Beginning This Period 197.56	Transaction ID: D1327435AF7974016BBD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 197.56

1) SUBTOTALS This Period This Page (optional).....	▶	2078.72
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 44 / 53
 FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Geoff Luxenberg	Nature of Debt (Purpose): Reimbursement for gas & signatures
Mailing Address 249A New State Road	
City State ZIP Code Manchester CT 06042-7959	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="107.00"/>	Transaction ID: D8E19BDBD0BE84C
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="107.00"/>	CFDB6C

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WHO Newsradio 1040	Nature of Debt (Purpose): Recording Services
Mailing Address 2141 Grand Avenue	
City State ZIP Code Des Moines IA 50312	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="400.00"/>	Transaction ID: D5CA66406DA5143F
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="400.00"/>	7848

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Free Media, Inc.	Nature of Debt (Purpose): Reimbursement for Phone Expenses
Mailing Address 777 West End Avenue #5C	
City State ZIP Code New York NY 10025	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="150.09"/>	Transaction ID: D142C4EE26CC3459DA
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="150.09"/>	22

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="657.09"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Telegraph			Nature of Debt (Purpose): Subscription
Mailing Address PO Box 1008			
City Nashua	State NH	ZIP Code 03061	

Outstanding Balance Beginning This Period <input type="text" value="20.81"/>		Transaction ID: D1D76CBB4EBC7498F81D	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20.81"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Interstate Power and Light Co.			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 5007			
City Dubuque	State IA	ZIP Code 52004-5007	

Outstanding Balance Beginning This Period <input type="text" value="250.36"/>		Transaction ID: DF8C3EA191F814F5C94C	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="250.36"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Newman and Leventhal Caterers, Inc.			Nature of Debt (Purpose): Caterer
Mailing Address 45 West 81st Street			
City New York	State NY	ZIP Code 10024-6025	

Outstanding Balance Beginning This Period <input type="text" value="2136.07"/>		Transaction ID: D2FDEA7A6FB3F461FA7F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2136.07"/>	

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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	<input type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Embarq			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660068			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period 1064.16		Transaction ID: DBF0B293CD60A40ED8E0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1064.16	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Embarq			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660068			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period 378.82		Transaction ID: DF4A4422265684FB29B9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 378.82	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive			
City Irvine	State CA	ZIP Code 92618-4201	

Outstanding Balance Beginning This Period 153.03		Transaction ID: D40B8D89E3ABE4545B3C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 153.03	

1) SUBTOTALS This Period This Page (optional).....	1596.01
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 47 / 53
 FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges						
Mailing Address 8808 Irvine Center Drive							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Irvine</td> <td>CA</td> <td>92618-4201</td> </tr> </table>	City	State	ZIP Code	Irvine	CA	92618-4201	
City	State	ZIP Code					
Irvine	CA	92618-4201					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="364.55"/>	Transaction ID: DC3EE07A89ADF414596B						
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Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="364.55"/>					

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges						
Mailing Address 8808 Irvine Center Drive							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Irvine</td> <td>CA</td> <td>92618-4201</td> </tr> </table>	City	State	ZIP Code	Irvine	CA	92618-4201	
City	State	ZIP Code					
Irvine	CA	92618-4201					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="561.93"/>	Transaction ID: DA1C685B9BFAF4CD7A76						
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Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="561.93"/>					

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges						
Mailing Address 8808 Irvine Center Drive							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Irvine</td> <td>CA</td> <td>92618-4201</td> </tr> </table>	City	State	ZIP Code	Irvine	CA	92618-4201	
City	State	ZIP Code					
Irvine	CA	92618-4201					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="660.55"/>	Transaction ID: D0F58D7FEFA5B4E43939						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="660.55"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="660.55"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="660.55"/>					

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3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 11 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Big Ten Rentals, Inc.	Nature of Debt (Purpose): Bases
Mailing Address 1820 Boyrum St	
City Iowa City State IA ZIP Code 52240-4555	

Outstanding Balance Beginning This Period	Transaction ID: D9CE80039AE0F470B870	
34.82		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	34.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Waste Management	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 756	
City Des Moines State IA ZIP Code 50303	

Outstanding Balance Beginning This Period	Transaction ID: D13EE948ED74B4BE0B66	
266.02		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	266.02

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Storefront Political Media	Nature of Debt (Purpose): Photographer
Mailing Address 250 Sutter Street, Suite 650	
City San Francisco State CA ZIP Code 94108	

Outstanding Balance Beginning This Period	Transaction ID: DDB39DC1EDB03445B8B5	
537.08		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	537.08

1) SUBTOTALS This Period This Page (optional).....	837.92
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 49 / 53
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mediacom	Nature of Debt (Purpose): Cable
Mailing Address P.O. Box 5744	
City State ZIP Code Carol Stream IL 60197-5744	

Outstanding Balance Beginning This Period <input type="text" value="19.14"/>	Transaction ID: DBAEE80A9C8F14CBF964	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="19.14"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mediacom	Nature of Debt (Purpose): Cable
Mailing Address P.O. Box 5744	
City State ZIP Code Carol Stream IL 60197-5744	

Outstanding Balance Beginning This Period <input type="text" value="92.37"/>	Transaction ID: D34D4235A01F441BAA58	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="92.37"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Heartland Flagpoles and Flags	Nature of Debt (Purpose): Flags
Mailing Address 3719 SW 9th Street	
City State ZIP Code Des Moines IA 50315	

Outstanding Balance Beginning This Period <input type="text" value="436.60"/>	Transaction ID: D42D026888D4F47D198F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="436.60"/>

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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Grand Colony			Nature of Debt (Purpose): Lodging
Mailing Address 2824 Grand Avenue, #218			
City Des Moines	State IA	ZIP Code 50312	

Outstanding Balance Beginning This Period		Transaction ID: D232577C9B94046BB9A9	
153.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	153.50	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie			Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor			
City Seattle	State WA	ZIP Code 98101-3099	

Outstanding Balance Beginning This Period		Transaction ID: D76E8E67033CC4385B66	
10000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	10000.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period		Transaction ID: DD365AF099EC8458EBE5	
312.07			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
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1) SUBTOTALS This Period This Page (optional).....	▶	10465.57
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Consulting Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 12218.23	Transaction ID: D009B107509464ACF93C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12218.23

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Consulting Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 12151.74	Transaction ID: D7001504DB52642CE816	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12151.74

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Consulting Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 12046.59	Transaction ID: DEE6A4D77FA7A412F956	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12046.59

1) SUBTOTALS This Period This Page (optional).....	36416.56
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 52 / 53	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Consulting Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="11927.67"/>	Transaction ID: D4AB38D1C46384341B16	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="11927.67"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Consulting Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="11823.58"/>	Transaction ID: DF7FE46652AE4441E811	
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Consulting Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="1946.79"/>	Transaction ID: DEA5024F12CD748EFB9B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1946.79"/>

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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Schedule D-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 / 53	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie			Nature of Debt (Purpose): Yearly Consulting Fee
Mailing Address Centralized Accouting Dept. 1201 Third Ave., 40th Floor			
City Seattle	State WA	ZIP Code 98101-3099	

Outstanding Balance Beginning This Period		Transaction ID: D8CE59C7EC9C74AB89CB	
60000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	60000.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	98452.95
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	98452.95