

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 129 CHURCH STREET STE 818  
 Check if different than previously reported. (ACC) NEW HAVEN CT 06510

2. **FEC IDENTIFICATION NUMBER** ▼ C C00238865 CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) STATE ▼ DISTRICT  
CT 03

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

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 25 / 2014 through 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Patrick Charmel  
Signature of Treasurer Patrick Charmel [Electronically Filed] Date M M / D D / Y Y Y Y  
07 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Rosa DeLauro**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	104558.50	1030309.21
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	104558.50	1029509.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	67539.14	503673.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	100.46	720.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67438.68	502952.59
8. Cash on Hand at Close of Reporting Period (from Line 27).....	99828.43	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Friends of Rosa DeLauro**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 25 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	53368.50	509032.28
(ii) Unitemized .....	3880.00	37417.22
(iii) TOTAL of contributions from individuals .....	57248.50	546449.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	47310.00	483859.71
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	104558.50	1030309.21
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	100.46	720.54
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	104658.96	1031029.75

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67539.14	503673.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	800.00
21. OTHER DISBURSEMENTS .....	89600.00	464925.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	157139.14	969398.13

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	152308.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	104658.96
25. SUBTOTAL (add Line 23 and Line 24).....	256967.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	157139.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	99828.43

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

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

FOR LINE NUMBER: PAGE 5 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia M. Widlitz**

Mailing Address 12 Island Bay Circle

City State Zip Code  
Guilford CT 06437-3058

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

Name of Employer Occupation  
CT General Assembly State Representative

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C9855960**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4300 Warren St NW

City State Zip Code  
Washington DC 20016-2438

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

Name of Employer Occupation  
Hessel, Aluise, & Neun PC Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C9361661**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 11 Chestnut Ln

City State Zip Code  
Woodbridge CT 06525-1701

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

Name of Employer Occupation  
Yale Univ Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C9855851**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 315 Saint Ronan Street

City State Zip Code  
New Haven CT 06511-2365

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : C9855921**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 39 Broadfield Road

City State Zip Code  
Hamden CT 06517-1543

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

Name of Employer Occupation  
Brenner Saltzman & Wallman Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : C9855961**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 817 G Street SW

City State Zip Code  
Washington DC 20024-2485

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : C9424862**

Amount of Each Receipt this Period  
**500.00**

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 383 Walsh Rd

City Atherton State CA Zip Code 94027-6456

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

Name of Employer Heising-Simons Foundation Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

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

**Transaction ID : C9339412**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 639 Research Parkway Suite 2

City Meriden State CT Zip Code 06450-7154

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

Name of Employer self Occupation Physican

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : C9855942**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Christopher O'Neill**

Mailing Address 1310 19th Street NW

City Washington State DC Zip Code 20036-1602

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

Name of Employer O'Neill, Athy & Casey Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C9361642**

Amount of Each Receipt this Period  
 500.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 3104 33rd PI NW

City Washington State DC Zip Code 20008-3301

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

Name of Employer First Take Communications Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C9361662**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 276 Thimble Island Road

City Branford State CT Zip Code 06405-5735

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

Name of Employer Centerbrook Architects Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : C9855922**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 70 Forest St Apt 16A

City Stamford State CT Zip Code 06901-1881

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

Name of Employer Koskoff, Koskoff, and Bieder Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C9855962**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>Robert Cleto</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 10 Tuttle Court		<b>Transaction ID : C10099512</b>
City Bethany	State CT	Zip Code 06524-3027
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer City of New Haven	Occupation demolition officer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Jay Brotman</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 160 Laurel Road		<b>Transaction ID : C9343063</b>
City New Haven	State CT	Zip Code 06515-2426
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Svigals & Partners, LLP	Occupation Architect	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Richard Plepler</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 25 Sherwood Ave		<b>Transaction ID : C9424833</b>
City Greenwich	State CT	Zip Code 06831-3213
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Home Box Office, Inc	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Shirley Eis</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 364 Woodbine Rd		<b>Transaction ID : C9339393</b>	
City Stamford	State CT	Zip Code 06903-1902	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Software Corp. of Americ	Occupation Businesswoman		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 650.00		

Full Name (Last, First, Middle Initial) <b>B. Sharon Daniels</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 916 Saint Michael Drive		<b>Transaction ID : C9361663</b>	
City Gambrills	State MD	Zip Code 21054-1635	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Gedhardt Group	Occupation government relations		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Barbara J. Mieras</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 45 Huntington Street		<b>Transaction ID : C9855843</b>	
City New Haven	State CT	Zip Code 06511-1332	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Self-Employed	Occupation Nurse		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Joel H. Lichtenstein**

Mailing Address 350 Fairfield Avenue

City State Zip Code  
Bridgeport CT 06604-6023

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

Name of Employer Occupation  
Koskoff, Koskoff & Bieder Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2014

**Transaction ID : C9855973**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 73 Davis Drive

City State Zip Code  
Guilford CT 06437-2954

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C10099523**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 339 Kings Highway

City State Zip Code  
North Haven CT 06473-1010

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

Name of Employer Occupation  
North Haven Ceramic Tile Vice President - Sales

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : C9343064**

Amount of Each Receipt this Period  
250.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>Steven J De Frank</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 34 Evergreen Dr		<b>Transaction ID : C9855964</b>
City North Branford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Levy, Leff & DeFrank, P.C.	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Maria Fabiana Jorge</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 4819 Indian Ln NW		<b>Transaction ID : C9361644</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1600.00
Name of Employer MJF International	Occupation Principal	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>Debra Hauser</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 12 Buell Ct		<b>Transaction ID : C9855844</b>
City Clinton	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self - employed	Occupation clinical psychologist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Jerome H Meyer**

Mailing Address 50 Old Quarry Rd

City Guilford State CT Zip Code 06437-3706

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

Name of Employer Self Occupation Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C9855924**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 200 Fountain Street  
Apt. 712

City New Haven State CT Zip Code 06515-1941

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : C9343065**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1852 Columbia Rd NW  
Apt 604

City Washington State DC Zip Code 20009-2023

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

Name of Employer Gephardt Government Affairs, LLC Occupation Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C9361665**

Amount of Each Receipt this Period  
250.00

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>BettiLou Taylor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 528 6th Street SE		<b>Transaction ID : C9424855</b>
City Washington	State DC	
Zip Code 20003-2783		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Madison Associates LLC	Occupation Principal	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>Brent Jaquet</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 30 / 2014
Mailing Address 3660 Bay Drive		<b>Transaction ID : C9424865</b>
City Edgewater	State MD	
Zip Code 21037-4143		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer CRD Associates	Occupation Senior Vice-President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Audrey D Tyson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 23 / 2014
Mailing Address 471 Whalley Ave Unit H		<b>Transaction ID : C9855845</b>
City New Haven	State CT	
Zip Code 06511-3068		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 370.00
Name of Employer Self-employed	Occupation Social Worker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 370.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 82 Limewood Ave

City Branford State CT Zip Code 06405-5305

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

Name of Employer Univ of New Haven Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : C9855955**

Amount of Each Receipt this Period  
 125.00

Amount of Each Receipt this Period  
 1125.00

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

Mailing Address 444 Humphrey Street

City New Haven State CT Zip Code 06511-1336

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

Name of Employer Norfolk Mgmt Group LLC Occupation CEO

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : C9342435**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 78 Lanes Pond Road

City Northford State CT Zip Code 06472-1124

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

Name of Employer John's Refuge Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : C9343066**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

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

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

2125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Patricia A Mulligan</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 2500 Virginia Ave NW Apt 1015-S		<b>Transaction ID : C9361636</b>	
City Washington State DC Zip Code 20037-1900	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation N/A Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>B. Sarah Greenblatt</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 25 / 2014	
Mailing Address 576 Chapel St # 5		<b>Transaction ID : C9339396</b>	
City New Haven State CT Zip Code 06511-6920	Amount of Each Receipt this Period 108.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Annie E. Casey Foundation Social Work Administrator		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 810.00		

Full Name (Last, First, Middle Initial) <b>C. James Horwitz</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014	
Mailing Address 24 Oak Hill Lane		<b>Transaction ID : C9855966</b>	
City Woodbridge State CT Zip Code 06525-1939	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Koskoff, Koskoff and Bieder Attorney		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2958.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 34 Academy St

City Wallingford State CT Zip Code 06492-3702

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

Name of Employer Town of Wallingford Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : C9342676**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 360 Colonial Road

City Guilford State CT Zip Code 06437-3130

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

Name of Employer Self - employed Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date **2650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : C9343067**

Amount of Each Receipt this Period  
**150.00**

\* In-Kind: Catering

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

Mailing Address 88 Mulberry Farms Road

City Guilford State CT Zip Code 06437-3215

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

Name of Employer None Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1080.09**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C10100017**

Amount of Each Receipt this Period  
**542.50**

\* In-Kind: Catering

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

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

**792.50**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>Dale Dirks</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 507 Capitol Court NE Suite 200		<b>Transaction ID : C9424867</b>
City Washington	State DC	
Zip Code 20002-7705		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Health & Medicine Counsel of Washingt	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>Thomas Corso</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 3 Bayberry Road		<b>Transaction ID : C9855957</b>
City Hamden	State CT	
Zip Code 06517-3401		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer AMS, Inc. Management	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Michael Giordano</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 59 Yowago Avenue		<b>Transaction ID : C9342677</b>
City Branford	State CT	
Zip Code 06405-5526		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1750.00
Name of Employer Giordano Construction	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1750.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Emily J. Holubowich**

Mailing Address 1204 W Abingdon Drive

City Alexandria State VA Zip Code 22314-1202

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

Name of Employer CRD Associates Occupation Senior VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : C9424858**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 189 E Rock Rd

City New Haven State CT Zip Code 06511-1325

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

Name of Employer Chabasso Bakery Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

**Transaction ID : C9341188**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 272 Fleming Lane

City Fairfield State CT Zip Code 06824-1903

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

Name of Employer self-employed Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : C9851508**

Amount of Each Receipt this Period  
200.00

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

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

1700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>Lyle B. Dennis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2014
Mailing Address 11515 Noahs Landing Court		<b>Transaction ID : C10099498</b>
City Manassas	State VA	Zip Code 20112-3580
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer CRD Associates	Occupation Partner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>Marla Romash</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 16 / 2014
Mailing Address 1524 Red Oak Drive		<b>Transaction ID : C9853489</b>
City Silver Spring	State MD	Zip Code 20910-1549
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Romash Communications	Occupation consultant	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Paula Shemitz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2014
Mailing Address 35 Sunbrook Rd		<b>Transaction ID : C9855949</b>
City Woodbridge	State CT	Zip Code 06525-1832
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 576 Chapel St  
# 5

City State Zip Code  
New Haven CT 06511-6920

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

Name of Employer Occupation  
Annie E. Casey Foundation Social Work Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
810.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2014

**Transaction ID : C9855849**

Amount of Each Receipt this Period  
108.00

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

Mailing Address 88 Mulberry Farms Road

City State Zip Code  
Guilford CT 06437-3215

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

Name of Employer Occupation  
Koskoff Koskoff & Bieder attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2014

**Transaction ID : C9855959**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 19 Hampton Drive

City State Zip Code  
Woodbridge CT 06525-1540

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

Name of Employer Occupation  
Koskoff, Koskoff & Beider attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2014

**Transaction ID : C9855969**

Amount of Each Receipt this Period  
1000.00

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

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

3708.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 17 Jansen Ln

City North Haven State CT Zip Code 06473-2104

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
215.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C10099509**

Amount of Each Receipt this Period  
35.00

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

Mailing Address 95 Spicewood Lane

City Berlin State CT Zip Code 06037

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

Name of Employer Kozak & Salina, LLC Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : C10100310A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C10100310AB**

Amount of Each Receipt this Period  
1000.00

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

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

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

1035.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 554 Busk Ct

City Cheshire State CT Zip Code 06410-4155

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

Name of Employer Koskoff, Koskoff & Bieder Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : C10100320A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : C10100320AB**

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 574 Haddam Quarter Rd

City Durham State CT Zip Code 06422-1707

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

Name of Employer Keep Me Home, LLC Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : C9849060A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>Democracy Engine LLC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 13 / 2014	
Mailing Address 850 Quincy St NW Apt 402		<b>Transaction ID : C9849060AB</b>	
City Washington State DC Zip Code 20011-5873	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Conduit total listed in Agg. field		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date _____ 22870.00		

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

Full Name (Last, First, Middle Initial) <b>Jeanne Pierpaoli</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2014	
Mailing Address 8 Fawn Drive		<b>Transaction ID : C9856031A</b>	
City Woodbridge State CT Zip Code 06525-1706	Amount of Each Receipt this Period _____ 2200.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 5200.00		

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial) <b>Democracy Engine LLC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2014	
Mailing Address 850 Quincy St NW Apt 402		<b>Transaction ID : C9856031AB</b>	
City Washington State DC Zip Code 20011-5873	Amount of Each Receipt this Period _____ 2200.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation Conduit total listed in Agg. field		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 22870.00		

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2200.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 4853 Cordell Avenue  
Apt. 803

City: Bethesda State: MD Zip Code: 20814-3023

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

Name of Employer: Council For Opportunity Occupation: Director of Congressional Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 09 / 2014

**Transaction ID : C9342451**

Amount of Each Receipt this Period: 250.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City: Washington State: DC Zip Code: 20011-5873

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date: 22870.00

Date of Receipt: 05 / 09 / 2014

**Transaction ID : C9342451B**

Amount of Each Receipt this Period: 250.00

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

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

Mailing Address 266 Livingston Street

City: New Haven State: CT Zip Code: 06511

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

Name of Employer: Yale Occupation: Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 26 / 2014

**Transaction ID : C10100311A**

Amount of Each Receipt this Period: 250.00

\* Earmarked Contribution: See Below

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Democracy Engine LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10100311AB**

Amount of Each Receipt this Period  
**250.00**

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

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

Mailing Address 827 Dolley Madison Boulevard

City McLean State VA Zip Code 22101-2403

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

Name of Employer Occupation  
QORVIS Communications Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3600.00**

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

**Transaction ID : C9343522A**

Amount of Each Receipt this Period  
**500.00**

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

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

**Transaction ID : C9343522AB**

Amount of Each Receipt this Period  
**500.00**

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

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

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

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 442 Old Cellar Road

City Orange State CT Zip Code 06477-3707

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

Name of Employer Yale/New Haven Hospital Occupation Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : C10100302A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer \_\_\_\_\_ Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 22870.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : C10100302AB**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

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

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

Mailing Address 143 West Walk

City West Haven State CT Zip Code 06516

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C9856032A**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

\* Earmarked Contribution: See Below

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

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

\_\_\_\_\_ 1100.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Democracy Engine LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : C9856032AB**

Amount of Each Receipt this Period  
**1000.00**

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

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

Mailing Address 111 Old Quarry Rd

City Guilford State CT Zip Code 06437-3711

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

Name of Employer Occupation  
Thomas Colville Inc. Businessman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : C10100323A**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10100323AB**

Amount of Each Receipt this Period  
**250.00**

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

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

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

**250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Janice O'Connell**

Mailing Address 1101 K St NW  
Ste 310

City Washington State DC Zip Code 20005-4210

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

Name of Employer Gephardt Government Affairs Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2014

**Transaction ID : C9848813A**

Amount of Each Receipt this Period  
2000.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2014

**Transaction ID : C9848813AB**

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 38 Close Rd

City Greenwich State CT Zip Code 06831-2722

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

Name of Employer self employed Occupation comedian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 30 / 2014

**Transaction ID : C9848833A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Democracy Engine LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : C9848833AB**

Amount of Each Receipt this Period  
**100.00**

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

**B.** Full Name (Last, First, Middle Initial)  
**Thomas O'Donnell**

Mailing Address 10 W Kirke St

City Chevy Chase State MD Zip Code 20815-4246

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

Name of Employer Occupation  
Gephardt Government Affairs Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : C9848814A**

Amount of Each Receipt this Period  
**500.00**

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : C9848814AB**

Amount of Each Receipt this Period  
**500.00**

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

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

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

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 15 West Ln

City State Zip Code  
Stamford CT 06905-3954

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : C10100305A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City State Zip Code  
Washington DC 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : C10100305AB**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address PO Box 9945

City State Zip Code  
McLean VA 22102-0945

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

Name of Employer Occupation  
Gephardt Government Affairs Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : C9848815A**

Amount of Each Receipt this Period  
500.00

\* Earmarked Contribution: See Below

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Democracy Engine LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : C9848815AB**

Amount of Each Receipt this Period  
**500.00**

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

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

Mailing Address 55 Tokeneke drive

City North Haven State CT Zip Code 06473

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

Name of Employer Occupation  
Koskoff, Koskoff & Bieder Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : C10100306A**

Amount of Each Receipt this Period  
**500.00**

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10100306AB**

Amount of Each Receipt this Period  
**500.00**

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

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

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

**500.00**

**500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**William Iovanne Jr.**

Mailing Address 61 Pasture Ln

City Branford State CT Zip Code 06405-2436

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

Name of Employer Iovanne Funeral Home Occupation Funeral Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C10100316A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : C10100316AB**

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 360 Colonial Road

City Guilford State CT Zip Code 06437-3130

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

Name of Employer Occupation Self - employed Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2014

**Transaction ID : C9848836A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Democracy Engine LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2014**

**Transaction ID : C9848836AB**

Amount of Each Receipt this Period  
**1000.00**

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

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

Mailing Address 11 Davis Rd

City Woodbridge State CT Zip Code 06525-2426

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : C9849066A**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : C9849066AB**

Amount of Each Receipt this Period  
**100.00**

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

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

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

**100.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 2 Wallenberg Dr

City State Zip Code  
Stamford CT 06903

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

Name of Employer Occupation  
Self Learning Disabilities cons

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2014

**Transaction ID : C10100307A**

Amount of Each Receipt this Period  
1300.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City State Zip Code  
Washington DC 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : C10100307AB**

Amount of Each Receipt this Period  
1300.00

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

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

Mailing Address 14 Ozone Road

City State Zip Code  
Branford CT 06405-5510

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3450.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2014

**Transaction ID : C10100317A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Democracy Engine LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10100317AB**

Amount of Each Receipt this Period  
**250.00**

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

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

Mailing Address 11 Davis Rd

City Woodbridge State CT Zip Code 06525-2426

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

Name of Employer Occupation  
None Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10100337A**

Amount of Each Receipt this Period  
**1000.00**

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10100337AB**

Amount of Each Receipt this Period  
**1000.00**

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

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 11 Davis Rd

City Woodbridge State CT Zip Code 06525-2426

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : C9848837A**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : C9848837AB**

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 2103 Powhatan Street

City Falls Church State VA Zip Code 22043

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

Name of Employer Tarplin Strategies LLC Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : C10100308A**

Amount of Each Receipt this Period  
1000.00

\* Earmarked Contribution: See Below

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Democracy Engine LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10100308AB**

Amount of Each Receipt this Period  
**1000.00**

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

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

Mailing Address 19 Heron Rd

City Norwalk State CT Zip Code 06855-1604

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

Name of Employer Occupation  
Self Political consultant

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : C9849058A**

Amount of Each Receipt this Period  
**250.00**

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 13 / 2014**

**Transaction ID : C9849058AB**

Amount of Each Receipt this Period  
**250.00**

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

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

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

**250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 38 Close Rd

City Greenwich State CT Zip Code 06831-2722

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

Name of Employer self employed Occupation comedian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : C9849068A**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : C9849068AB**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 5432 32 Street NW

City Washington State DC Zip Code 20015

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

Name of Employer Mercury Occupation Managing Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : C9852638A**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Democracy Engine LLC**

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : C9852638AB**

Amount of Each Receipt this Period  
**250.00**

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

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

Mailing Address 31 Hunters Ridge

City Rocky Hill State CT Zip Code 06067

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

Name of Employer Occupation  
Kozak & Salina, LLC Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : C10100309A**

Amount of Each Receipt this Period  
**1000.00**

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**22870.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10100309AB**

Amount of Each Receipt this Period  
**1000.00**

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

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

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

Mailing Address 350 Fairfield Avenue

City State Zip Code  
Bridgeport CT 06604-6023

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

Name of Employer Occupation  
Koskoff, Koskoff & Beider attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : C9852639A**

Amount of Each Receipt this Period  
2600.00

\* Earmarked Contribution: See Below

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

Mailing Address 850 Quincy St NW  
Apt 402

City State Zip Code  
Washington DC 20011-5873

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

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
22870.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : C9852639AB**

Amount of Each Receipt this Period  
2600.00

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2600.00

53368.50

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)**

Mailing Address 409 12TH STREET, SW

City State Zip Code  
WASHINGTON DC 20024

FEC ID number of contributing federal political committee. **C C00364158**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C9851470**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1776 WILSON BOULEVARD  
SUITE 200

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C C00022368**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : C9851511**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS**

Mailing Address 317 MASSACHUSETTS AVENUE, NE  
1ST FLOOR

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C C00343137**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 17 / 2014

**Transaction ID : C9344511**

Amount of Each Receipt this Period  
1000.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 43 OF 106  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**New York Life Insurance PAC - NY Life**

Mailing Address **51 MADISON AVENUE  
ROOM 1109**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : C9343372**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**COMMUNICATIONS WORKERS OF AMERICA-COPE POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address **501 THIRD STREET, NW**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00002089**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 17 / 2014**

**Transaction ID : C9344512**

Amount of Each Receipt this Period  
**2500.00**

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **25 MASSACHUSETTS AVE, NW  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00000422**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : C9341752**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6000.00**

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

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

FOR LINE NUMBER: PAGE 44 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial)  
THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (AOTPAC)

A. Mailing Address 4720 MONTGOMERY LANE, SUITE 200

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)    Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

Transaction ID : C10099462

Amount of Each Receipt this Period  
 1000.00

B. Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUN

Mailing Address 753 STATE AVE. SUITE 565

City State Zip Code  
KANSAS CITY KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Convention    Election Cycle-to-Date 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 30 / 2014

Transaction ID : C9338373

Amount of Each Receipt this Period  
 500.00

C. Full Name (Last, First, Middle Initial)  
**Arnold & Porter PAC**

Mailing Address 555 12TH STREET, NW

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00216895

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)    Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

Transaction ID : C9424843

Amount of Each Receipt this Period  
 1000.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

**A.** Mailing Address 1445 NEW YORK AVENUE NW  
STE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 17 / 2014

**Transaction ID : C9344513**

Amount of Each Receipt this Period  
4000.00

Full Name (Last, First, Middle Initial)  
**B.** American Academy of Family Physicians PAC

Mailing Address 1133 CONNECTICUT AVENUE, NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00411553

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2014

**Transaction ID : C9341753**

Amount of Each Receipt this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C.** COVDIEN (U.S.) POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET NW SUITE 620

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00433490

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : C9342443**

Amount of Each Receipt this Period  
1000.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

A. Full Name (Last, First, Middle Initial)  
**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address **8000 EAST JEFFERSON**  
City **DETROIT** State **MI** Zip Code **48214**

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **7000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : C10099533**

Amount of Each Receipt this Period  
**1000.00**

B. Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)**

Mailing Address **2941 FAIRVIEW PARK DR. SUITE 100**  
City **FALLS CHURCH** State **VA** Zip Code **22042**

FEC ID number of contributing federal political committee. **C C00078451**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)  
Election Cycle-to-Date **3000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : C9358194**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**American College of Physicians Services PAC**

Mailing Address **25 MASSACHUSETTS AVE, NW SUITE 700**  
City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00403881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **Convention**  
Election Cycle-to-Date **3000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : C9341754**

Amount of Each Receipt this Period  
**1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUN

Mailing Address 753 STATE AVE.  
SUITE 565

City KANSAS CITY State KS Zip Code 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : C9338375**

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Oldcastle Materials Inc. PAC

Mailing Address 101 CONSTITUTION AVENUE  
600 W

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : C9855935**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET  
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : C9851505**

Amount of Each Receipt this Period  
1500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
National Emergency Medicine Political Action Committee - American College of Emergency Physicians

Mailing Address 1125 EXECUTIVE CIRCLE

City IRVING State TX Zip Code 75038

FEC ID number of contributing federal political committee. **C** C00140061

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : C9356815**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address P.O. BOX 899

City TOLEDO State OH Zip Code 43697

FEC ID number of contributing federal political committee. **C** C00154625

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C9361646**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : C9851486**

Amount of Each Receipt this Period  
 1000.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 49 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)    Convention

Election Cycle-to-Date

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

**Transaction ID : C9339397**

Amount of Each Receipt this Period  
 3000.00

5000.00

**B.** Full Name (Last, First, Middle Initial)  
**TD BANK N.A. POLITICAL ACTION COMMITTEE**

Mailing Address 317 MADISON AVENUE

City NEW YORK State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00501429

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : C9361637**

Amount of Each Receipt this Period  
 1000.00

3000.00

**C.** Full Name (Last, First, Middle Initial)  
**BAKERY, CONFECTIONERY, TOBACCO WORKERS AND GRAIN MILLERS INTERNATIONAL UNION PAC**

Mailing Address 10401 CONNECTICUT AVENUE

City KENSINGTON State MD Zip Code 20895

FEC ID number of contributing federal political committee. **C** C00127621

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : C9851497**

Amount of Each Receipt this Period  
 1000.00

1000.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**ALZHEIMERS IMPACT MOVEMENT POLITICAL ACTION COMMITTEE**

Mailing Address 225 N MICHIGAN AVE SUITE 1700

City CHICAGO State IL Zip Code 60601

FEC ID number of contributing federal political committee. **C** C00486928

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : C9342447**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**MORGAN STANLEY POLITICAL ACTION COMMITTEE**

Mailing Address 1585 BROADWAY 39TH FLOOR

City NEW YORK State NY Zip Code 10036

FEC ID number of contributing federal political committee. **C** C00337626

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : C9851488**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**American Physical Therapy PAC**

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : C9342438**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**Transportation Trades Dept PAC**

Mailing Address 815 16TH ST NW  
4TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00280909**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : C9342448**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Friends of Chris Dodd**

Mailing Address PO BOX 270701

City WEST HARTFORD State CT Zip Code 06117

FEC ID number of contributing federal political committee. **C C00347310**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : C10099538**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)**

Mailing Address 1015 15TH ST. NW SUITE 200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00323048**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : C9361709**

Amount of Each Receipt this Period  
 210.00

\* In-Kind: Event Space

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

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

1710.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 106
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A.** Full Name (Last, First, Middle Initial)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**

Mailing Address 701 Pennsylvania Ave NW  
Ste 750

City Washington State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C C00039578**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : C9424849**

Amount of Each Receipt this Period  
2600.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE**

Mailing Address 777 6TH ST NW STE 200

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C70003017**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : C9342449**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

3600.00

47310.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 75.26
City New Haven	State CT	
Zip Code 06510-1801	Purpose of Disbursement Bank Service Charge	Transaction ID : D541680
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Commissioner of Revenue Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 86.25
City Hartford	State CT	
Zip Code 06104-2931	Purpose of Disbursement Payroll Taxes	Transaction ID : D536430
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kron Chocolatier</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 5300 Wisconsin Avenue NW		Amount of Each Disbursement this Period 70.00
City Washington	State DC	
Zip Code 20015-2013	Purpose of Disbursement Thank You Gifts	Transaction ID : D536560
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	231.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 558.26
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Catering reimbursement	Transaction ID : D537140
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CT Small Business - Key to the Future</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address PO Box 230699		Amount of Each Disbursement this Period 250.00
City Hartford	State CT	
Zip Code 06123-0699	Purpose of Disbursement Event Tickets	Transaction ID : D539390
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Commissioner of Revenue Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 86.25
City Hartford	State CT	
Zip Code 06104-2931	Purpose of Disbursement Payroll Taxes	Transaction ID : D538850
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	894.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1101 15th St NW #500		Amount of Each Disbursement this Period 2175.00 <b>Transaction ID : D540420</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Software License Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 201.10 <b>Transaction ID : D541681</b>
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 1405.48 <b>Transaction ID : D536431</b>
City New Haven State CT Zip Code 06510-1801	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3781.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Ms. Yasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 7240 Evans Mill Road		Amount of Each Disbursement this Period 343.61 <b>Transaction ID : D537141</b>
City McLean State VA Zip Code 22101-3422	Purpose of Disbursement Petty Cash replenishment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 63.10 <b>Transaction ID : D538801</b>
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Virginia Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address PO Box 1115		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : D538851</b>
City Richmond State VA Zip Code 23218-1115	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	343.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 9,999,999.99 116.90
City Washington	State DC	
Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Salsa Labs, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2014
Mailing Address 1700 Connecticut Avenue NW		Amount of Each Disbursement this Period 9,999,999.99 150.00
City Washington	State DC	
Zip Code 20009-1134	Purpose of Disbursement Website Maintenance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Sage American Grill</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 129 W Main St		Amount of Each Disbursement this Period 9,999,999.99 660.00
City Chester	State CT	
Zip Code 06412	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	926.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. United States Postal Service USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 11 / 2014</b>
Mailing Address <b>Brewery St</b>		Amount of Each Disbursement this Period <b>245.00</b>
City <b>New Haven</b> State <b>CT</b> Zip Code <b>06511</b>	Purpose of Disbursement <b>Postage</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>D540541</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Parcel Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 05 / 2014</b>
Mailing Address <b>PO Box 7247-0244</b>		Amount of Each Disbursement this Period <b>1.18</b>
City <b>Philadelphia</b> State <b>PA</b> Zip Code <b>19170-0001</b>	Purpose of Disbursement <b>Shipping</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Transaction ID : <b>D536422</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Virginia Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 05 / 2014</b>
Mailing Address <b>PO Box 1115</b>		Amount of Each Disbursement this Period <b>130.00</b>
City <b>Richmond</b> State <b>VA</b> Zip Code <b>23218-1115</b>	Purpose of Disbursement <b>Payroll Taxes</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	Transaction ID : <b>D536432</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>376.18</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Intuit</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 2.93
City Mountain View	State CA Zip Code 94043-1126	
Purpose of Disbursement Payroll Processing Fee	Category/Type	<b>Transaction ID : D541882</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Veterans of Foreign Wars of the US Dept</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 2842 Main St, #283		Amount of Each Disbursement this Period 450.00
City Glastonbury	State CT Zip Code 06033-1077	
Purpose of Disbursement Print Advertisement	Category/Type	<b>Transaction ID : D536562</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 320.88
City Shelton	State CT Zip Code 06484-5001	
Purpose of Disbursement Mileage	Category/Type	<b>Transaction ID : D536902</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	773.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Nica's Market</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 603 Orange Street		Amount of Each Disbursement this Period 272.50
City New Haven	State CT	
Zip Code 06511-3826	Purpose of Disbursement Catering	Transaction ID : D536962
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 1667.05
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Payroll	Transaction ID : D537142
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 180.53
City Newark	State NJ	
Zip Code 07101-1270	Purpose of Disbursement Credit Card Payment	Transaction ID : D537712
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2120.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 125.20 <b>Transaction ID : D538802</b>
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 346.90 <b>Transaction ID : D541683</b>
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Salsa Labs, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1700 Connecticut Avenue NW		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : D536423</b>
City Washington State DC Zip Code 20009-1134	Purpose of Disbursement Website Maintainance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	622.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 1050 17th Street, NW Suite 590		Amount of Each Disbursement this Period 1059.17 <b>Transaction ID : D536563</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Accounting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Commissioner of Revenue Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 86.25 <b>Transaction ID : D536903</b>
City Hartford State CT Zip Code 06104-2931	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ms. Yasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 7240 Evans Mill Road		Amount of Each Disbursement this Period 1844.63 <b>Transaction ID : D537143</b>
City McLean State VA Zip Code 22101-3422	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2990.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1050 17th Street, NW Suite 590		Amount of Each Disbursement this Period 1446.37 <b>Transaction ID : D537623</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Accounting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Yasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 7240 Evans Mill Road		Amount of Each Disbursement this Period 130.86 <b>Transaction ID : D537713</b>
City McLean State VA Zip Code 22101-3422	Purpose of Disbursement Petty Cash replenishment	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Democracy Engine LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 7.50 <b>Transaction ID : D538803</b>
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1584.73
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 106			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A. State of Connecticut Dept. of Rehabilitation Services**

Full Name (Last, First, Middle Initial)  
Mailing Address 67 Prospect Ave

City Hartford State CT Zip Code 06106

Purpose of Disbursement Interpreting Service

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 19 / 2014

Amount of Each Disbursement this Period: 387.50

Transaction ID : D539393

**B. PCMS, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1050 17th Street, NW Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement Accounting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 26 / 2014

Amount of Each Disbursement this Period: 1451.81

Transaction ID : D539793

**c. Ms. Kathleen Bloss**

Full Name (Last, First, Middle Initial)  
Mailing Address 88 Mulberry Farms Road

City Guilford State CT Zip Code 06437-3215

Purpose of Disbursement Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2014

Amount of Each Disbursement this Period: 542.50

Transaction ID : D540813

\* In-Kind Received

**SUBTOTAL** of Disbursements This Page (optional)..... 2381.81

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Intuit</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 9,999,999.99 2.93
City Mountain View	State CA	
Zip Code 94043-1126	Purpose of Disbursement Payroll Processing Fee	<b>Transaction ID : D541884</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Greater New Haven NAACP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 545 Whalley Avenue		Amount of Each Disbursement this Period 9,999,999.99 250.00
City New Haven	State CT	
Zip Code 06511-2906	Purpose of Disbursement Print Advertisement & Membership	<b>Transaction ID : D536564</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Myers Flower Shops</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 1008 Main Street		Amount of Each Disbursement this Period 9,999,999.99 658.75
City Branford	State CT	
Zip Code 06405-3773	Purpose of Disbursement Flowers	<b>Transaction ID : D536964</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	911.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 1405.48 <b>Transaction ID : D537144</b>
City New Haven	State CT	
Zip Code 06510-1801	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 1015 15TH ST. NW SUITE 200		Amount of Each Disbursement this Period 210.00 <b>Transaction ID : D537714</b>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement Event Space	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	* In-Kind Received

Full Name (Last, First, Middle Initial) <b>c. JMJ Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 129 Church St.		Amount of Each Disbursement this Period 653.00 <b>Transaction ID : D538024</b>
City New Haven	State CT	
Zip Code 06510	Purpose of Disbursement Office Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2268.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 106			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 850 Quincy St NW Apt 402			Amount of Each Disbursement this Period 42.60
City Washington	State DC	Zip Code 20011-5873	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	<b>Transaction ID : D538804</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Schneider's of Capitol Hill</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 300 Massachusetts Ave NE			Amount of Each Disbursement this Period 709.19
City Washington	State DC	Zip Code 20002	
Purpose of Disbursement Beverages for Event		Category/ Type	<b>Transaction ID : D539394</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 209 Church Street			Amount of Each Disbursement this Period 1574.74
City New Haven	State CT	Zip Code 06510-1801	
Purpose of Disbursement Payroll Taxes		Category/ Type	<b>Transaction ID : D536904</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2326.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Chartwells @ North Haven High School</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 221 Elm St		Amount of Each Disbursement this Period 3700.00 <b>Transaction ID : D537614</b>
City North Haven	State CT Zip Code 06473-3251	
Purpose of Disbursement Catering	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Whitneyville Food Center</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1248 Whitney Ave		Amount of Each Disbursement this Period 423.68 <b>Transaction ID : D540414</b>
City Hamden	State CT Zip Code 06517-2811	
Purpose of Disbursement Catering	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. St. Vincent DePaul Church</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 80 Taylor Ave		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : D536425</b>
City East Haven	State CT Zip Code 06512	
Purpose of Disbursement Print Advertisement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4223.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Intuit</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 2.93
City Mountain View	State CA Zip Code 94043-1126	
Purpose of Disbursement Payroll Processing Fee	Category/Type	<b>Transaction ID : D541885</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Virginia Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PO Box 1115		Amount of Each Disbursement this Period 155.00
City Richmond	State VA Zip Code 23218-1115	
Purpose of Disbursement Payroll Taxes	Category/Type	<b>Transaction ID : D536905</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Democracy Engine LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 30.60
City Washington	State DC Zip Code 20011-5873	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<b>Transaction ID : D536955</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	188.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Commissioner of Revenue Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2014</b>
Mailing Address <b>PO Box 2931</b>		Amount of Each Disbursement this Period <b>86.25</b>
City <b>Hartford</b> State <b>CT</b> Zip Code <b>06104-2931</b>	Category/Type	
Purpose of Disbursement <b>Payroll Taxes</b>	Candidate Name	<b>Transaction ID : D537145</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2014</b>
Mailing Address <b>Brewery St</b>		Amount of Each Disbursement this Period <b>90.50</b>
City <b>New Haven</b> State <b>CT</b> Zip Code <b>06511</b>	Category/Type	
Purpose of Disbursement <b>Postage</b>	Candidate Name	<b>Transaction ID : D537625</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2014</b>
Mailing Address <b>209 Church Street</b>		Amount of Each Disbursement this Period <b>1574.76</b>
City <b>New Haven</b> State <b>CT</b> Zip Code <b>06510-1801</b>	Category/Type	
Purpose of Disbursement <b>Payroll Taxes</b>	Candidate Name	<b>Transaction ID : D537715</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1751.51</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Lock Tight Self Storage, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 785 Sherman Avenue			Amount of Each Disbursement this Period 210.58 <b>Transaction ID : D538025</b>
City Hamden	State CT	Zip Code 06514-1117	
Purpose of Disbursement Storage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1101 15th St NW #500			Amount of Each Disbursement this Period 75.00 <b>Transaction ID : D538825</b>
City Washington	State DC	Zip Code 20005	
Purpose of Disbursement Software License Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Ms. Marcia Rosenblum</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 17 Richard Sweet Drive			Amount of Each Disbursement this Period 450.00 <b>Transaction ID : D539385</b>
City Woodbridge	State CT	Zip Code 06525-1127	
Purpose of Disbursement Event services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	735.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 1.30 <b>Transaction ID : D536875</b>
City Washington	State DC Zip Code 20011-5873	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 40.00 <b>Transaction ID : D540415</b>
City Carol Stream	State IL Zip Code 60197-5082	
Purpose of Disbursement Phone Bill	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 198.97 <b>Transaction ID : D540535</b>
City Shelton	State CT Zip Code 06484-5001	
Purpose of Disbursement Petty Cash Replenishment	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 673.96 <b>Transaction ID : D540545</b>
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FirstData Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1 Western Maryland Pkwy		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : D541686</b>
City Hagerstown	State MD	
Zip Code 21740	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>c. JMJ Services, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 129 Church St.		Amount of Each Disbursement this Period 653.00 <b>Transaction ID : D541706</b>
City New Haven	State CT	
Zip Code 06510	Purpose of Disbursement Office Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1346.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 40.00
City Carol Stream	State IL	
Zip Code 60197-5082	Purpose of Disbursement Phone Bill	<b>Transaction ID : D536426</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 1667.05
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Payroll	<b>Transaction ID : D536906</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ideal Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address PO Box 8488		Amount of Each Disbursement this Period 441.35
City New Haven	State CT	
Zip Code 06531-0488	Purpose of Disbursement Printing	<b>Transaction ID : D536966</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2148.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. PCMS, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1050 17th Street, NW Suite 590		Amount of Each Disbursement this Period 1089.12 <b>Transaction ID : D537126</b>
City Washington State DC Zip Code 20036	Purpose of Disbursement Accounting Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Virginia Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address PO Box 1115		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : D537146</b>
City Richmond State VA Zip Code 23218-1115	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Myers Flower Shops</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 1008 Main Street		Amount of Each Disbursement this Period 767.29 <b>Transaction ID : D537616</b>
City Branford State CT Zip Code 06405-3773	Purpose of Disbursement Flowers	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1986.41
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Virginia Department of Taxation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>PO Box 1115</b>		Amount of Each Disbursement this Period <b>155.00</b> <b>Transaction ID : D538026</b>
City <b>Richmond</b>	State <b>VA</b> Zip Code <b>23218-1115</b>	
Purpose of Disbursement <b>Payroll Taxes</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fran Morrow Events</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 19 / 2014</b>
Mailing Address <b>11 Pease Rd</b>		Amount of Each Disbursement this Period <b>450.00</b> <b>Transaction ID : D539386</b>
City <b>Woodbridge</b>	State <b>CT</b> Zip Code <b>06525</b>	
Purpose of Disbursement <b>Event Services</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Kron Chocolatier</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 19 / 2014</b>
Mailing Address <b>5300 Wisconsin Avenue NW</b>		Amount of Each Disbursement this Period <b>794.00</b> <b>Transaction ID : D539396</b>
City <b>Washington</b>	State <b>DC</b> Zip Code <b>20015-2013</b>	
Purpose of Disbursement <b>Thank You Gifts</b>	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1399.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Commissioner of Revenue Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2014</b>
Mailing Address <b>PO Box 2931</b>		Amount of Each Disbursement this Period <b>86.25</b> <b>Transaction ID : D537716</b>
City <b>Hartford</b> State <b>CT</b> Zip Code <b>06104-2931</b>	Purpose of Disbursement <b>Payroll Taxes</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Intuit</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>2632 Marine Way</b>		Amount of Each Disbursement this Period <b>2.93</b> <b>Transaction ID : D541886</b>
City <b>Mountain View</b> State <b>CA</b> Zip Code <b>94043-1126</b>	Purpose of Disbursement <b>Payroll Processing Fee</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address <b>PO Box 5082</b>		Amount of Each Disbursement this Period <b>137.98</b> <b>Transaction ID : D540416</b>
City <b>Carol Stream</b> State <b>IL</b> Zip Code <b>60197-5082</b>	Purpose of Disbursement <b>Phone Bill</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>227.16</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 11 / 2014</b>
Mailing Address <b>6 Coachmans Lane</b>		Amount of Each Disbursement this Period <b>192.62</b> <b>Transaction ID : D540536</b>
City <b>Shelton</b> State <b>CT</b> Zip Code <b>06484-5001</b>	Purpose of Disbursement <b>Petty Cash Replenishment</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Yasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2014</b>
Mailing Address <b>7240 Evans Mill Road</b>		Amount of Each Disbursement this Period <b>121.05</b> <b>Transaction ID : D540546</b>
City <b>McLean</b> State <b>VA</b> Zip Code <b>22101-3422</b>	Purpose of Disbursement <b>Petty Cash Replenishment</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Hartford</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 05 / 2014</b>
Mailing Address <b>PO Box 2907</b>		Amount of Each Disbursement this Period <b>159.30</b> <b>Transaction ID : D536427</b>
City <b>Hartford</b> State <b>CT</b> Zip Code <b>06104-2907</b>	Purpose of Disbursement <b>Insurance</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>472.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Intuit</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 2.93
City Mountain View	State CA	
Zip Code 94043-1126	Purpose of Disbursement Payroll Processing Fee	Transaction ID : D541887
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Yasmine Zamani</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address 7240 Evans Mill Road		Amount of Each Disbursement this Period 2102.50
City McLean	State VA	
Zip Code 22101-3422	Purpose of Disbursement Payroll	Transaction ID : D536907
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. David L. Andrukis, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 50 E Street SE		Amount of Each Disbursement this Period 378.06
City Washington	State DC	
Zip Code 20003-2620	Purpose of Disbursement Stationary	Transaction ID : D536967
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2483.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 48.00 <b>Transaction ID : D537617</b>
City Carol Stream	State IL	
Zip Code 60197-5082	Purpose of Disbursement Phone Bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 1667.04 <b>Transaction ID : D537717</b>
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United Parcel Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 7247-0244		Amount of Each Disbursement this Period 65.38 <b>Transaction ID : D538827</b>
City Philadelphia	State PA	
Zip Code 19170-0001	Purpose of Disbursement Shipping	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1780.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Mr. Jimmy Tickey</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 1667.04 <b>Transaction ID : D538847</b>
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Salsa Labs, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 1700 Connecticut Avenue NW		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : D539387</b>
City Washington	State DC	
Zip Code 20009-1134	Purpose of Disbursement Website Maintainance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Diners Club</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2014
Mailing Address PO Box 6012		Amount of Each Disbursement this Period 48.80 <b>Transaction ID : D536897</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1865.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 76.97 <b>Transaction ID : D541678</b>
City New Haven	State CT	
Zip Code 06510-1801	Purpose of Disbursement Bank Service Charge	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Ms. Yasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 7240 Evans Mill Road		Amount of Each Disbursement this Period 1844.63 <b>Transaction ID : D536428</b>
City McLean	State VA	
Zip Code 22101-3422	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 136.72 <b>Transaction ID : D537618</b>
City Carol Stream	State IL	
Zip Code 60197-5082	Purpose of Disbursement Phone Bill	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2058.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 83 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Ms. Yasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2014</b>
Mailing Address <b>7240 Evans Mill Road</b>		Amount of Each Disbursement this Period <b>2102.50</b> <b>Transaction ID : D537718</b>
City <b>McLean</b>	State <b>VA</b>	
Zip Code <b>22101-3422</b>	Purpose of Disbursement <b>Payroll</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ms. Yasmine Zamani</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 16 / 2014</b>
Mailing Address <b>7240 Evans Mill Road</b>		Amount of Each Disbursement this Period <b>1844.63</b> <b>Transaction ID : D538848</b>
City <b>McLean</b>	State <b>VA</b>	
Zip Code <b>22101-3422</b>	Purpose of Disbursement <b>Payroll</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. FirstData Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 03 / 2014</b>
Mailing Address <b>1 Western Maryland Pkwy</b>		Amount of Each Disbursement this Period <b>119.90</b> <b>Transaction ID : D541688</b>
City <b>Hagerstown</b>	State <b>MD</b>	
Zip Code <b>21740</b>	Purpose of Disbursement <b>Merchant Fees</b>	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Convention</b>	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4067.03</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Myers Flower Shops</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 1008 Main Street		Amount of Each Disbursement this Period 677.93 <b>Transaction ID : D540418</b>
City Branford	State CT	
Zip Code 06405-3773	Purpose of Disbursement Flowers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Docuprint &amp; Imaging</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 27 Whitney Avenue		Amount of Each Disbursement this Period 580.01 <b>Transaction ID : D537139</b>
City New Haven	State CT	
Zip Code 06510-1219	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United Parcel Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 7247-0244		Amount of Each Disbursement this Period 36.75 <b>Transaction ID : D537619</b>
City Philadelphia	State PA	
Zip Code 19170-0001	Purpose of Disbursement Shipping	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Other (specify) Convention <input type="checkbox"/> Primary <input type="checkbox"/> General	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1294.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Citizens Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 1405.50 <b>Transaction ID : D538849</b>
City New Haven	State CT	
Zip Code 06510-1801	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Mr. Jimmy Tickey</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 1667.05 <b>Transaction ID : D536429</b>
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address Brewery St		Amount of Each Disbursement this Period 739.22 <b>Transaction ID : D540539</b>
City New Haven	State CT	
Zip Code 06511	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3811.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

**A. Chase Card Services**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15651

City: Wilmington State: DE Zip Code: 19886-5651

Purpose of Disbursement: Credit Card Payment

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 05 / 13 / 2014

Amount of Each Disbursement this Period: 1058.60

Transaction ID : D536898

Category/Type

**B. Johnny's Half Shell**

Full Name (Last, First, Middle Initial)  
Mailing Address 400 N. Capitol St NW

City: Washington State: DC Zip Code: 20001

Purpose of Disbursement: Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 05 / 13 / 2014

Amount of Each Disbursement this Period: 290.00

Transaction ID : D536930

[MEMO ITEM]

Category/Type

**c. Corner Bakery Cafe, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 203881

City: Dallas State: TX Zip Code: 75320

Purpose of Disbursement: Catering

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Convention

State: District:

Date of Disbursement: 05 / 13 / 2014

Amount of Each Disbursement this Period: 135.19

Transaction ID : D536931

[MEMO ITEM]

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 1058.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Johnny's Half Shell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 400 N. Capitol St NW		Amount of Each Disbursement this Period 100.00
City Washington State DC Zip Code 20001	Purpose of Disbursement Room rental deposit	
Candidate Name		Transaction ID : D536932 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Jetties</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1609 Foxhall Rd NW		Amount of Each Disbursement this Period 447.99
City Washington State DC Zip Code 20007-2030	Purpose of Disbursement Catering	
Candidate Name		Transaction ID : D536929 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address PO Box 15651		Amount of Each Disbursement this Period 53.34
City Wilmington State DE Zip Code 19886-5651	Purpose of Disbursement Credit Card Payment	
Candidate Name		Transaction ID : D536899
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Citibank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Government Services Card PO Box 183173		Amount of Each Disbursement this Period 321.00
City Columbus	State OH Zip Code 43218-3173	
Purpose of Disbursement Credit Card Payment		Transaction ID : D536900
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMTRAK</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address Union Station State St		Amount of Each Disbursement this Period 321.00
City New Haven	State CT Zip Code 06511	
Purpose of Disbursement Travel		Transaction ID : D536934
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>c. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 7268.10
City Charlotte	State NC Zip Code 28272	
Purpose of Disbursement Credit Card Payment		Transaction ID : D537147
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7589.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent-A-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 600 Corporate Park Dr		Amount of Each Disbursement this Period 564.79
City Saint Louis	State MO	
Zip Code 63105-4204	Purpose of Disbursement Travel	Transaction ID : D537150
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 57.29
City Carol Stream	State IL	
Zip Code 60197-5082	Purpose of Disbursement Phone bill	Transaction ID : D537151
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Art &amp; Soul</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 415 New Jersey Ave NW		Amount of Each Disbursement this Period 4857.38
City Washington	State DC	
Zip Code 20001-2001	Purpose of Disbursement Catering	Transaction ID : D537152
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Hyatt Regency DC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address 400 New Jersey Ave NW			Amount of Each Disbursement this Period 512.96		
City Washington	State DC	Zip Code 20001-2002	Transaction ID : D537153		
Purpose of Disbursement Travel		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address PO Box 5082			Amount of Each Disbursement this Period 30.00		
City Carol Stream	State IL	Zip Code 60197-5082	Transaction ID : D537154		
Purpose of Disbursement Phone bill		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. United States Postal Service USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014		
Mailing Address Brewery St			Amount of Each Disbursement this Period 392.00		
City New Haven	State CT	Zip Code 06511	Transaction ID : D537156		
Purpose of Disbursement Postage		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 412.00
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Bank fees	Transaction ID : D537157  [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. St Germain Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 8455 K Tyco Road		Amount of Each Disbursement this Period 499.34
City Vienna	State VA	
Zip Code 22182	Purpose of Disbursement Catering	Transaction ID : D537149  [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address PO Box 15651		Amount of Each Disbursement this Period 412.00
City Wilmington	State DE	
Zip Code 19886-5651	Purpose of Disbursement Credit Card Payment	Transaction ID : D537622
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	412.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. The Monocle</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 107 D St NE		Amount of Each Disbursement this Period 412.00
City Washington	State DC	
Zip Code 20002-5657	Purpose of Disbursement Catering	Transaction ID : D537624
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 488.18
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Credit Card Payment	Transaction ID : D538834
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 238.15
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement Office Supplies	Transaction ID : D538840
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	488.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 106	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 100.03
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Bank Fees	Transaction ID : D538841
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 30.00
City Carol Stream	State IL	
Zip Code 60197-5082	Purpose of Disbursement Phone Bill	Transaction ID : D538838
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 15651		Amount of Each Disbursement this Period 1589.50
City Wilmington	State DE	
Zip Code 19886-5651	Purpose of Disbursement Credit Card Payment	Transaction ID : D538844
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1589.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 106			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. District Provisions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 550 Penn St NE		Amount of Each Disbursement this Period 1589.50
City Washington	State DC	Zip Code 20002-7024
Purpose of Disbursement Catering	Category/Type	
Candidate Name	Transaction ID : D538845	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Chase Card Services</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address PO Box 15651		Amount of Each Disbursement this Period 64.43
City Wilmington	State DE	Zip Code 19886-5651
Purpose of Disbursement Credit Card Payment	Category/Type	
Candidate Name	Transaction ID : D539397	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 64.43
City Framingham	State MA	Zip Code 01702-4478
Purpose of Disbursement Event Supplies	Category/Type	
Candidate Name	Transaction ID : D539398	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	64.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 106			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. Capital One Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 238.15
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Credit Card Payment	Transaction ID : D540547
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 238.15
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement Office Supplies	Transaction ID : D540548
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	238.15
<b>TOTAL</b> This Period (last page this line number only).....	66108.84

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 106			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. TIM BISHOP FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 437		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540270</b>
City FARMINGVILLE State NY Zip Code 11738	Purpose of Disbursement Contribution	
Candidate Name <b>TIMOTHY BISHOP</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 01		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAN MAFFEI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 230		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540280</b>
City SYRACUSE State NY Zip Code 13201	Purpose of Disbursement Contribution	
Candidate Name <b>DANIEL BENJAMIN MR. MAFFEI</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 24		

Full Name (Last, First, Middle Initial) <b>C. LARA FOR NEW MEXICO</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 2326		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D540290</b>
City CARLSBAD State NM Zip Code 88221	Purpose of Disbursement Contribution	
Candidate Name <b>ROXANNE LARA</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NM District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 97 OF 106	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. BRALEY FOR IOWA</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 856</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>D540380</b>
City <b>DES MOINES</b>	State <b>IA</b>	
Zip Code <b>50304</b>		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name <b>BRUCE L BRALEY</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b>	District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>B. RECCHIA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>172 GRAVESEND NECK ROAD</b>		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>D540291</b>
City <b>BROOKLYN</b>	State <b>NY</b>	
Zip Code <b>11223</b>		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name <b>DOMENIC M JR RECCHIA</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b>	District: <b>11</b>	

Full Name (Last, First, Middle Initial) <b>c. Democratic Congressional Campaign Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 20 / 2014</b>
Mailing Address <b>430 S Capitol Street SE</b>		Amount of Each Disbursement this Period <b>64000.00</b> Transaction ID : <b>D537441</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003-4024</b>		Category/ Type
Purpose of Disbursement Unlimited Transfer to a Party Committee		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>65500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 106			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. JULIA BROWNLEY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 2018		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540271</b>
City THOUSAND OAKS State CA Zip Code 91358	Purpose of Disbursement Contribution	
Candidate Name <b>JULIA BROWNLEY</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 26		

Full Name (Last, First, Middle Initial) <b>B. KEEP NICK RAHALL IN CONGRESS COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address P O BOX 64		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540281</b>
City BECKLEY State WV Zip Code 25801	Purpose of Disbursement Contribution	
Candidate Name <b>NICK J. RAHALL II</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 03		

Full Name (Last, First, Middle Initial) <b>C. SCHNEIDER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 1318		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540282</b>
City DEERFIELD State IL Zip Code 60015	Purpose of Disbursement Contribution	
Candidate Name <b>BRADLEY SCOTT SCHNEIDER</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 106			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF RENTERIA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address P.O. BOX 655		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D540292</b>
City SANGER	State CA	
Zip Code 93657	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>AMANDA RENTERIA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 21	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF CHERI BUSTOS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address P.O. BOX 77		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540273</b>
City EAST MOLINE	State IL	
Zip Code 61244	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>CHERI BUSTOS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 17	

Full Name (Last, First, Middle Initial) <b>C. CAROL SHEA-PORTER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 453		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D540283</b>
City ROCHESTER	State NH	
Zip Code 03866	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>CAROL SHEA-PORTER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NH District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 106	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. KATHLEEN RICE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>410 JERICHO TURNPIKE SUITE 200</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D540293</b>
City <b>JERICHO</b> State <b>NY</b> Zip Code <b>11753</b>	Purpose of Disbursement Contribution Category/Type	
Candidate Name <b>KATHLEEN RICE</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NY</b> District: <b>04</b>		

Full Name (Last, First, Middle Initial) <b>B. KYRSTEN SINEMA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 25879</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D540284</b>
City <b>TEMPE</b> State <b>AZ</b> Zip Code <b>85285</b>	Purpose of Disbursement Contribution Category/Type	
Candidate Name <b>KYRSTEN SINEMA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>AZ</b> District: <b>09</b>		

Full Name (Last, First, Middle Initial) <b>C. ANN CALLIS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>517 CHAPMAN ST</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D540274</b>
City <b>EDWARDSVILLE</b> State <b>IL</b> Zip Code <b>62025</b>	Purpose of Disbursement Contribution Category/Type	
Candidate Name <b>ANN CALLIS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IL</b> District: <b>13</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 106			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. COMMITTEE TO ELECT MARTHA ROBERTSON</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 54		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D540294</b>
City DRYDEN	State NY	
Zip Code 13053	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>MARTHA ROBERTSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 23	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF LOIS CAPPS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address P.O. BOX 23940		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540275</b>
City SANTA BARBARA	State CA	
Zip Code 93121	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>LOIS G CAPPS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 24	

Full Name (Last, First, Middle Initial) <b>C. PETE AGUILAR FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 10954		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540285</b>
City SAN BERNADINO	State CA	
Zip Code 92423	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>PETE AGUILAR</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: CA District: 31	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 106	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. KEVIN STROUSE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 186</b>		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>D540295</b>
City <b>BENSALEM</b>	State <b>PA</b>	
Zip Code <b>19020</b>	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>KEVIN STROUSE</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>PA</b> District: <b>08</b>		

Full Name (Last, First, Middle Initial) <b>B. ENYART FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 308</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>D540276</b>
City <b>BELLEVILLE</b>	State <b>IL</b>	
Zip Code <b>62222</b>	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>WILLIAM L. JR. ENYART</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IL</b> District: <b>12</b>		

Full Name (Last, First, Middle Initial) <b>C. APPEL FOR IOWA, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 702</b>		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>D540286</b>
City <b>DES MOINES</b>	State <b>IA</b>	
Zip Code <b>50303</b>	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>STACI APPEL</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b> District: <b>03</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 106	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. JAMES LEE WITT FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 36</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : D540296</b>
City <b>DARDANELLE</b> State <b>AR</b> Zip Code <b>72834</b>	Purpose of Disbursement Contribution	
Candidate Name <b>JAMES LEE WITT</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>AR</b> District: <b>04</b>		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF ELIZABETH ESTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 61</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : D540277</b>
City <b>CHESHIRE</b> State <b>CT</b> Zip Code <b>06410</b>	Purpose of Disbursement Contribution	
Candidate Name <b>ELIZABETH ESTY</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>CT</b> District: <b>05</b>		

Full Name (Last, First, Middle Initial) <b>C. AIMEE BELGARD FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 35</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : D540287</b>
City <b>WILLINGBORO</b> State <b>NJ</b> Zip Code <b>08046</b>	Purpose of Disbursement Contribution	
Candidate Name <b>AIMEE BELGARD</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NJ</b> District: <b>03</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 106			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. AARON WOOLF FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 248		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D540297</b>
City ELIZABETHTOWN	State NY	
Zip Code 12932	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>AARON WOOLF</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NY District: 21	

Full Name (Last, First, Middle Initial) <b>B. RON BARBER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 57715		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : D540268</b>
City TUCSON	State AZ	
Zip Code 85732	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>RONALD BARBER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 02	

Full Name (Last, First, Middle Initial) <b>C. KIRKPATRICK FOR ARIZONA</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address PO BOX 12011		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : D540278</b>
City CASA GRANDE	State AZ	
Zip Code 85130	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>ANN KIRKPATRICK</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AZ District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 106	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Friends of Rosa DeLauro**

Full Name (Last, First, Middle Initial) <b>A. AMI BERA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 582496</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>D540269</b>
City <b>ELK GROVE</b>	State <b>CA</b>	
Zip Code <b>95758</b>	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>AMERISH BERA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>CA</b>	District: <b>07</b>	

Full Name (Last, First, Middle Initial) <b>B. KUSTER FOR CONGRESS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>P.O. BOX 1498</b>		Amount of Each Disbursement this Period <b>1000.00</b> Transaction ID : <b>D540279</b>
City <b>CONCORD</b>	State <b>NH</b>	
Zip Code <b>03302</b>	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>ANN MCLANE KUSTER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NH</b>	District: <b>02</b>	

Full Name (Last, First, Middle Initial) <b>C. JOHN FOUST FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2014</b>
Mailing Address <b>PO BOX 962</b>		Amount of Each Disbursement this Period <b>500.00</b> Transaction ID : <b>D540289</b>
City <b>MCLEAN</b>	State <b>VA</b>	
Zip Code <b>22101</b>	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>JOHN FOUST</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>VA</b>	District: <b>10</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	