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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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

Friends of Chris Dodd

ADDRESS (number and street) ▼ P.O. Box 270701

Check if different than previously reported. (ACC)

CITY ▲ West Hartford STATE ▲ CT ZIP CODE ▲ 06127 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00347310

3. IS THIS REPORT [X] NEW (N) **OR** [ ] AMENDED (A)

STATE ▼ CT DISTRICT

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [X] July 15 Quarterly Report (Q2)
- [ ] October 15 Quarterly Report (Q3)
- [ ] January 31 Year-End Report (YE)
- [ ] Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

[ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R)
[ ] Convention (12C) [ ] Special (12S)

Election on MM 11 / DD 04 / YYYY 2010 in the State of

(c) 30-Day **POST**-Election Report for the:

[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on MM 11 / DD 04 / YYYY 2010 in the State of

5. Covering Period MM 04 / DD 01 / YYYY 2012 through MM 06 / DD 30 / YYYY 2012

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

Type or Print Name of Treasurer Kathryn J. Damato

Signature of Treasurer Kathryn J. Damato, assistant treasurer *Kathryn J. Damato* Date MM 07 / DD 10 / YYYY 2012

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

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(Revised 02/2003)

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