

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 Roraback for Congress

ADDRESS (number and street) PO Box 807 Torrington CT 06790 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00504985 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT CT 05

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 04 / 29 / 2012 through 06 / 30 / 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 Anna-Elysapeth McGuire

Signature of Treasurer Anna-Elysapeth McGuire [Electronically Filed] Date 07 / 14 / 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.

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Roraback for Congress**

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))....	113666.42	536625.50
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	113666.42	536625.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	332583.06	480483.55
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	332583.06	480483.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	-219901.33	
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

Roraback for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	95851.42	476386.70
(ii) Unitemized.....	15215.00	57638.80
(iii) TOTAL of contributions from individuals ▶	111066.42	534025.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2600.00	2600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	113666.42	536625.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	113666.42	536625.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	332583.06	480483.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	501.43	501.43
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	483.26	7983.26
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	333567.75	488968.24

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	113666.42
25. SUBTOTAL (add Line 23 and Line 24).....	113666.42
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	333567.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-219901.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Roraback for Congress**

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

Mailing Address 93 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer ACKLINS ASSOCIATES Occupation REAL ESTATE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1359**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 93 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1360**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 15 MULLEN RD

City ENFIELD State CT Zip Code 06082-6033

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1338**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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: (check only one)	PAGE 6 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 15 MULLEN RD

City ENFIELD State CT Zip Code 06082-6033

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1339**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 27 HILLTOP DR

City MADISON State CT Zip Code 06443-3222

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

Name of Employer N/A Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1395**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 2299 PACIFIC AVENUE, #82

City SAN FRANCISCO State CA Zip Code 94115-1426

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

Name of Employer THE DOCUMENTARY GROUP Occupation WRITER/PRODUCER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2012

**Transaction ID : SA11.1194**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DIRCK BARHYDT**

Mailing Address 115 SHELDON LN

City LITCHFIELD State CT Zip Code 06759-3422

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

Name of Employer SALISBURY SCHOOL Occupation ADMINISTRATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 01 / 2012**

**Transaction ID : SA11.1049**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

Mailing Address 115 SHELDON LN

City LITCHFIELD State CT Zip Code 06759-3422

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

Name of Employer SALISBURY SCHOOL Occupation ADMINISTRATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2012**

**Transaction ID : SA11.1403**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

Mailing Address PO BOX 1584

City LITCHFIELD State CT Zip Code 06759-1584

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

Name of Employer SPECTRUM CAPITAL, LTD Occupation EXECUTIVE ASSISTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 28 / 2012**

**Transaction ID : SA11.1162**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**150.00**

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET BARNES**

Mailing Address **PO BOX 1584**

City **LITCHFIELD** State **CT** Zip Code **06759-1584**

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

Name of Employer **SPECTRUM CAPITAL, LTD** Occupation **EXECUTIVE ASSISTANT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1327**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **1220 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10128-1733**

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

Name of Employer **ZEPHYR MANAGEMENT** Occupation **INVESTMENTS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11.1216**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

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

Mailing Address **13 PROSPECT AVE**

City **DARIEN** State **CT** Zip Code **06820-3512**

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

Name of Employer **EURPAC SERVICE, INC** Occupation **GENERAL MANAGER/OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : SA11.1158**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**3050.00**



**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN P. BELCHER**

Mailing Address 1 TOWN HILL ROAD

City LAKEVILLE State CT Zip Code 06039-2311

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

Name of Employer HOUSEWIFE Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2012

**Transaction ID : SA11.1185**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 558 LIME ROCK RD

City LAKEVILLE State CT Zip Code 06039-2420

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

Name of Employer ADVANCED POWER Occupation MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1228**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 47 CHESTNUT HILL ROAD

City LITCHFIELD State CT Zip Code 06759-4101

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

Name of Employer BOGDANOVICS, DIABETES & ENDOCRINOLC Occupation OFFICE MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2012

**Transaction ID : SA11.1375**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

1200.00

**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 10 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK J. BOLAND**

Mailing Address 10 OSBORN ROAD  
P.O. BOX 1336

City LITCHFIELD State CT Zip Code 06759-2317

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1120**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK J. BOLAND**

Mailing Address 10 OSBORN ROAD  
P.O. BOX 1336

City LITCHFIELD State CT Zip Code 06759-2317

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 18 / 2012

**Transaction ID : SA11.1298**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 187 WEST SHORE RD

City NEW PRESTON State CT Zip Code 06777-1302

FEC ID number of contributing federal political committee.

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2012

**Transaction ID : SA11.1237**

Amount of Each Receipt this Period

CONTRIBUTION

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

**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: (check only one)	PAGE 11 OF 121
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>MR. EDWIN G. BOOTH JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2012
Mailing Address 2 COVENTRY LANE		<b>Transaction ID : SA11.1100</b>
City HARWINTON	State CT Zip Code 06791-2413	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period CONTRIBUTION 200.00
Name of Employer TORRINGTON CASTING CO.	Occupation FOUNDRY MANAGER	CONTRIBUTION 950.00
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 950.00	

Full Name (Last, First, Middle Initial) <b>JOHN J. BRACKEN III</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012
Mailing Address 57 BREEZY KNOLL		<b>Transaction ID : SA11.1390</b>
City AVON	State CT Zip Code 06001-2842	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period CONTRIBUTION 250.00
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation ATTORNEY	CONTRIBUTION 250.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>THERESE D. BRAUN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2012
Mailing Address P.O. BOX 468		<b>Transaction ID : SA11.1199</b>
City NORFOLK	State CT Zip Code 06058-0468	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period CONTRIBUTION 500.00
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFFC	CONTRIBUTION 500.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<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 12 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. MS. MARANA BROOKS</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2012	
Mailing Address 88 WIGWAM ROAD P.O. BOX 1045		<b>Transaction ID : SA11.1159</b>	
City LITCHFIELD	State CT	Zip Code 06759-3826	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 483.27 CONTRIBUTION	
Name of Employer SELF	Occupation FARMER		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 2483.27		

Full Name (Last, First, Middle Initial) <b>B. SUSAN J. BROWN</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2012	
Mailing Address 10 SHEAGREN HILL RD		<b>Transaction ID : SA11.1416</b>	
City CENTERBROOK	State CT	Zip Code 06409	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer FIRST CT FEDERAL CREDIT UNION	Occupation EXECUTIVE		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. CIARA BURNHAM</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2012	
Mailing Address 16 W 77TH ST 14E		<b>Transaction ID : SA11.1292</b>	
City NEW YORK	State NY	Zip Code 10024-5126	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer EVERCORE PARTNERS	Occupation BANKER		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	983.27
<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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARY B. BYRNE- LING**

Mailing Address **90 BOWNE ROAD**

City **SHARON** State **CT** Zip Code **06069-2448**

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

Name of Employer **SELF** Occupation **CATTLE RANCHER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11.1225**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **111 SUNCREST ROAD**

City **TORRINGTON** State **CT** Zip Code **06790-7913**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 15 / 2012**

**Transaction ID : SA11.1265**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **134 SOUTH ROAD**

City **HARWINTON** State **CT** Zip Code **06791-2305**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.1220**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**550.00**

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

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

FOR LINE NUMBER: PAGE 14 OF 121  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM G. CAREY**

Mailing Address 640 MOUNTAIN RD

City State Zip Code  
WAITSFIELD VT 05673

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : SA11.1069**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 205 WHISCONIER RD P.O. BOX 5188

City State Zip Code  
BROOKFIELD CT 06804-5188

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : SA11.1066**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 160 FAIRFIELD WOODS RD #61

City State Zip Code  
FAIRFIELD CT 06825-3348

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( FAIRFIELD PROBATE COURT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11.1364**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1250.00

**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 15 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DINO CASALI**

Mailing Address P.O. BOX 387  
128 SHELDON LANE

City THOMASTON State CT Zip Code 06787-0387

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

Name of Employer OPPENHEIMER & CO. Occupation FINANCIAL ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11.1097**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR RICHARD H. CAULFIELD**

Mailing Address 9601 CASTLE POINT DR. UNIT 813

City SARASOTA State FL Zip Code 34238-3381

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1117**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 105 CHAPIN ROAD

City NEW MILFORD State CT Zip Code 06776-2656

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

Name of Employer STATE OF CT Occupation LEGISLATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2012

**Transaction ID : SA11.1130**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**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: PAGE 16 OF 121  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address P.O. BOX 953  
P.O. BOX 953

City LITCHFIELD State CT Zip Code 06759-0953

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11.1095**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 71 HUNTERS RIDGE

City ROCKY HILL State CT Zip Code 06067-1742

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

Name of Employer CAPITOL STRATEGIES GROUP, LLC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012

**Transaction ID : SA11.1413**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address ONE LIBERTY SQUARE

City NEW BRITAIN State CT Zip Code 06051-2636

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

Name of Employer GAFFNEY, BENNETT & ASSOC Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1336**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

950.00



**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 17 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN D. COFFIN**

Mailing Address 83 COGSWELL RD

City WEST CORNWALL State CT Zip Code 06796-1603

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012

**Transaction ID : SA11.1307**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 147 HOLLEY HILL LANE APT 8

City GREENWICH State CT Zip Code 06830-6082

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

Name of Employer NORTHWEST FINANCIAL GROUP Occupation FINANCIAL REPRESENTATIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1224**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 80 BLUE RIDGE RD

City BERLIN State CT Zip Code 06037-2802

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

Name of Employer GAFFNEY, BENNETT & ASSOC Occupation LOBBYIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1337**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

950.00

**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 18 OF 121
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. MRS. SUSAN L. COOLIDGE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2012	
Mailing Address 180 SOUTH STREET P.O. BOX 1860		<b>Transaction ID : SA11.1122</b>	
City LITCHFIELD	State CT	Zip Code 06759-4006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>B. MARY CORSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2012	
Mailing Address 75 FIELD POINT CIR		<b>Transaction ID : SA11.1198</b>	
City GREENWICH	State CT	Zip Code 06830-7072	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer INFORMATION REQUESTED PER BEST EFFC	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>C. MR. JOHN G. COUMANTAROS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012	
Mailing Address 712 FIFTH AVENUE		<b>Transaction ID : SA11.1303</b>	
City NEW YORK	State NY	Zip Code 10019-4108	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SOUTHERN STAR SHIPPING CO., INC.	Occupation CORPORATE EXECUTIVE		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<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 121
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>WILLIAM F. CRUGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2012	
Mailing Address 993 FIFTH AVE		<b>Transaction ID : SA11.1232</b>	
City NEW YORK	State NY	Zip Code 10028-0105	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer INFORMATION REQUESTED PER BEST EFF	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>TONYA K. CURRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 10 / 2012	
Mailing Address 285 BANTAM LAKE RD		<b>Transaction ID : SA11.1110</b>	
City MORRIS	State CT	Zip Code 06763-1107	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>MRS. JEANNE J. DANAHER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2012	
Mailing Address P.O. BOX 1857		<b>Transaction ID : SA11.1046</b>	
City LITCHFIELD	State CT	Zip Code 06759-1857	Amount of Each Receipt this Period _____ 200.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer RETIRED	Occupation N/A		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 985.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 700.00
<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 20 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JEANNE J. DANAHER**

Mailing Address P.O. BOX 1857

City State Zip Code  
LITCHFIELD CT 06759-1857

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
985.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2012

**Transaction ID : SA11.1248**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 1339

City State Zip Code  
LAKEVILLE CT 06039-8339

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

Name of Employer Occupation  
SELF WRITER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2012

**Transaction ID : SA11.1178**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. HELEN MACDONALD DEGENER**

Mailing Address 130 SHARON MOUNTAIN RD  
P.O. BOX 651

City State Zip Code  
SHARON CT 06069-2403

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

Name of Employer Occupation  
MAZAMA CAPITAL MGMT ADVISOR, DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : SA11.1195**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 21 OF 121
	<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)  
**Roraback for Congress**

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

Mailing Address 100 PEARL ST 14TH FLOOR

City HARTFORD State CT Zip Code 06103-4500

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1136**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 37  
P.O. BOX 37

City LITCHFIELD State CT Zip Code 06759-0037

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

Name of Employer SELF Occupation COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1115**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 37  
P.O. BOX 37

City LITCHFIELD State CT Zip Code 06759-0037

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

Name of Employer SELF Occupation COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1115B**

Amount of Each Receipt this Period  
 -500.00  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

600.00

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ARTHUR HILL DIETRICK**

Mailing Address P.O. BOX 37  
P.O. BOX 37

City LITCHFIELD State CT Zip Code 06759-0037

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

Name of Employer SELF Occupation COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1287**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM RUNOFF**

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

Mailing Address P.O. BOX 905

City KENT State CT Zip Code 06757-0905

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

Name of Employer DINNEEN & SON Occupation BUILDER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : SA11.1320**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD W. DISKAVICH**

Mailing Address 105 BEVERLY RD

City TORRINGTON State CT Zip Code 06790-4060

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11.1096**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**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 23 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD W. DISKAVICH**

Mailing Address 105 BEVERLY RD

City State Zip Code  
TORRINGTON CT 06790-4060

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 12 / 2012

**Transaction ID : SA11.1252**

Amount of Each Receipt this Period  
90.40  
CONTRIBUTION

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

Mailing Address 14 COLTON STREET

City State Zip Code  
FARMINGTON CT 06032-2329

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

Name of Employer Occupation  
L'ARC ARCHITECTS, LLC ARCHITECT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012

**Transaction ID : SA11.1394**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 451  
452 E. RIVER RD.

City State Zip Code  
RIVERTON CT 06065-0451

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

Name of Employer Occupation  
NORTHWESTERN CONNECTICUT COMMUNI PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : SA11.1278**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

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

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

340.40

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

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

FOR LINE NUMBER: PAGE 24 OF 121  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARGARET DOUGLAS-HAMILTON**

Mailing Address 137 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

**Transaction ID : SA11.1377**

Amount of Each Receipt this Period  
**125.00**  
 CONTRIBUTION

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

Mailing Address 143 BALFOUR DR.

City WEST HARTFORD State CT Zip Code 06117-2902

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012

**Transaction ID : SA11.1301**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

Mailing Address 225 LAWRENCE ST

City NEW HAVEN State CT Zip Code 06511-2418

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

Name of Employer COWDREY, ECKER AND MURPHY LLC Occupation ATTORNEY

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11.1399**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**575.00**



**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 25 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 90 WHITING LANE

City WEST HARTFORD State CT Zip Code 06119-1641

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 16 / 2012**

**Transaction ID : SA11.1154**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address 90 WHITING LANE

City WEST HARTFORD State CT Zip Code 06119-1641

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2012**

**Transaction ID : SA11.1279**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN H. FIELD**

Mailing Address 317 GOSHEN ROAD

City LITCHFIELD State CT Zip Code 06759-2404

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 10 / 2012**

**Transaction ID : SA11.1106**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

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

**700.00**

**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 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN H. FIELD**

Mailing Address 317 GOSHEN ROAD

City State Zip Code  
LITCHFIELD CT 06759-2404

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012

**Transaction ID : SA11.1302**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 328 CALKINSTOWN RD

City State Zip Code  
SHARON CT 06069-2124

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : SA11.1170**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 125 TOWN LINE RD

City State Zip Code  
BRIDGEWATER CT 06752-1516

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.1319**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**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 27 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN J. FLAHERTY**

Mailing Address 21 NEILL DR

City: WATERTOWN State: CT Zip Code: 06795-1706

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFF Occupation: INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 14 / 2012

**Transaction ID : SA11.1262**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 210 ROUND HILL RD

City: GREENWICH State: CT Zip Code: 06831-3357

FEC ID number of contributing federal political committee: C

Name of Employer: STATE OF CONNECTICUT Occupation: STATE REPRESENTATIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 05 / 10 / 2012

**Transaction ID : SA11.1111**

Amount of Each Receipt this Period: 1000.00

CONTRIBUTION

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

Mailing Address 128 WELDON COURT

City: GOSHEN State: CT Zip Code: 06756-1615

FEC ID number of contributing federal political committee: C

Name of Employer: SELF Occupation: OPTOMETRIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 05 / 14 / 2012

**Transaction ID : SA11.1140**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

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

2250.00

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE T. FOX**

Mailing Address **8 ARBOR DR**

City **TORRINGTON** State **CT** Zip Code **06790-3301**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2012**

**Transaction ID : SA11.1124**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

Mailing Address **75 PRESTON LANE**

City **TACONIC** State **CT** Zip Code **06079-8017**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2012**

**Transaction ID : SA11.1179**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **1620 22ND ST NW**

City **WASHINGTON** State **DC** Zip Code **20008-1920**

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2012**

**Transaction ID : SA11.1141**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**700.00**

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS A. FRIEDRICH**

Mailing Address 96 WELLSFORD DR.

City State Zip Code  
GOSHEN CT 06756-1816

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

Name of Employer Occupation  
ALLIANCE BERNSTEIN FINANCIAL ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : SA11.1048**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD FURNISS JR.**

Mailing Address 163 CORNWALL HOLLOW ROAD

City State Zip Code  
WEST CORNWALL CT 06796-1621

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
770.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : SA11.1155**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

Mailing Address 122 LEXINGTON AVE.

City State Zip Code  
TORRINGTON CT 06790-3483

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11.1099**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

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

900.00

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 300 WELLS HILL RD

City LAKEVILLE State CT Zip Code 06039-2300

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

Name of Employer WELLS HILL PARTNERS LTD Occupation MANAGING DIRECTOR, R.E. COMPANY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11.1402**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

Mailing Address 27 SUNSET RD

City OLD GREENWICH State CT Zip Code 06870-2109

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

Name of Employer STATE OF CT Occupation STATE REPRESENTATIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : SA11.1174**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

Mailing Address 23 BUTLER'S ISLAND

City DARIEN State CT Zip Code 06820-6203

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

Name of Employer HOMEMAKER Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2012

**Transaction ID : SA11.1163**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

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

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

4650.00

**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 121
	<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)  
**Roraback for Congress**

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

Mailing Address 41 SADDLE RIDGE

City BLOOMFIELD State CT Zip Code 06002-1543

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

Name of Employer SELF EMPLOYED Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1321**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 117 W. HYERDALE DRIVE

City GOSHEN State CT Zip Code 06756-1700

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11.1044**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 41 ARROW POINT RD

City NEW PRESTON State CT Zip Code 06777-1108

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1212**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**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 32 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET GRINER**

Mailing Address 41 ARROW POINT RD

City State Zip Code  
NEW PRESTON CT 06777-1108

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : SA11.1268**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 2 MINOR ROAD

City State Zip Code  
TERRYVILLE CT 06786-4002

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

Name of Employer Occupation  
THE HAMZY LAW FIRM, LLC ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : SA11.1277**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address P.O. BOX 96  
93 BALDWIN HILL RD.

City State Zip Code  
LITCHFIELD CT 06759-0096

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2012

**Transaction ID : SA11.1133**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

450.00



**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>ELYSE D. HARNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2012
Mailing Address P.O. BOX 628		<b>Transaction ID : SA11.1157</b>
City SALISBURY	State CT	Zip Code 06068-0628
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer ELYSE HARNEY REALTY	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>ADELAIDE HARRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2012
Mailing Address 30 WASHINEE HTS P.O. BOX629		<b>Transaction ID : SA11.1230</b>
City SALISBURY	State CT	Zip Code 06068-1613
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer SELF	Occupation SELF-EMPLOYED	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2247.00	

Full Name (Last, First, Middle Initial) <b>ADELAIDE HARRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2012
Mailing Address 30 WASHINEE HTS P.O. BOX629		<b>Transaction ID : SA11.1439</b>
City SALISBURY	State CT	Zip Code 06068-1613
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 247.00	
Name of Employer SELF	Occupation SELF-EMPLOYED	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2247.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1497.00
<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 34 OF 121  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GWENDOLINE ANNE HARRIS**

Mailing Address 350 CANAAN RD

City SALISBURY State CT Zip Code 06068-1605

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1227**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM REES HARRIS JR.**

Mailing Address PO BOX 629  
30 WASHINEE HT

City SALISBURY State CT Zip Code 06068-0629

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

Name of Employer SELF-EMPLOYED Occupation PILOT

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1247.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1440**

Amount of Each Receipt this Period  
 247.49  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HARVEY W. HAYDEN VMD**

Mailing Address P.O. BOX 386  
414 CORNWALL BRIDGE RD

City SHARON State CT Zip Code 06069-0386

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012  
 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 / 2012

**Transaction ID : SA11.1229**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

2997.49

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES HEALEY JR.**

Mailing Address 54 WESTWOOD

City WEST HARTFORD State CT Zip Code 06117-2252

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

Name of Employer KEEFE, BRUYETTE AND WOODS Occupation SR. VP

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1383**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

Mailing Address 35 BEARDSLEY RD

City KENT State CT Zip Code 06757-1902

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

Name of Employer N/A Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2012

**Transaction ID : SA11.1263**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER M. HILL**

Mailing Address 18 WESTOVER LANE  
P.O. BOX 940

City LITCHFIELD State CT Zip Code 06759-3923

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

Name of Employer LITCHFIELD FORD Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2012

**Transaction ID : SA11.1247**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

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

2350.00

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW M. HOFFMAN**

Mailing Address **237 E. 17TH STREET APT 430**

City **NEW YORK** State **NY** Zip Code **10003-3664**

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

Name of Employer **HSBC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2012**

**Transaction ID : SA11.1314**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

Mailing Address **PO BOX 137**  
**133 UNDERMOUNTAIN RD**

City **SALISBURY** State **CT** Zip Code **06068-0137**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2012**

**Transaction ID : SA11.1147**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **88 SHEFFIELD ST**

City **OLD SAYBROOK** State **CT** Zip Code **06475-2307**

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

Name of Employer **HUGHES & CRONIN** Occupation **LOBBYIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1415**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**550.00**

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JEAN CRONIN HUGHES**

Mailing Address **88 SHEFFIELD ST**

City **OLD SAYBROOK** State **CT** Zip Code **06475-2307**

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

Name of Employer **HUGHES & CRONIN** Occupation **LOBBYIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1410**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **P.O. BOX 603**

City **NICASIO** State **CA** Zip Code **94946-0603**

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

Name of Employer **MOTOROLA MOBILITY** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2012**

**Transaction ID : SA11.1188**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN E. JANCO SR.**

Mailing Address **213 ALLISON DRIVE**

City **TORRINGTON** State **CT** Zip Code **06790-3151**

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

Name of Employer **TORRINGTON SAVINGS BANK** Occupation **BANK OFFICER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 10 / 2012**

**Transaction ID : SA11.1105**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**1300.00**

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 1051 CEDAR RD

City SOUTHPORT State CT Zip Code 06890-1002

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

Name of Employer CAPITAL ACCESS Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1309**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 141 SOUTH MOUNTAIN DR

City NEW BRITAIN State CT Zip Code 06052-1511

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

Name of Employer BAKER Occupation SENIOR ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1316**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 141 SOUTH MOUNTAIN DR

City NEW BRITAIN State CT Zip Code 06052-1511

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

Name of Employer BAKER Occupation SENIOR ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1317**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

3250.00

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 193 WEST CORNWALL ROAD  
P.O. BOX 255

City WEST CORNWALL State CT Zip Code 06796-1026

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2012

**Transaction ID : SA11.1257**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 134 NORTH STREET  
P.O. BOX 1021

City LITCHFIELD State CT Zip Code 06759-2504

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11.1101**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 36 LONG POND RD

City LAKEVILLE State CT Zip Code 06039-2116

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012

**Transaction ID : SA11.1144**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 40 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES T. KELLOGG**

Mailing Address **P.O. BOX 790**  
**C/O HUBBARD HALL**

City **WATERBURY** State **CT** Zip Code **06720-0790**

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

Name of Employer **HUBBARD HALL** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1412**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. PAMELA G. KENNEDY**

Mailing Address **288 NORTH LAKE STREET**

City **LITCHFIELD** State **CT** Zip Code **06759-2421**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : SA11.1156**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT J. KENNEDY JR.**

Mailing Address **66 MEADOW LANE**

City **WEST HARTFORD** State **CT** Zip Code **06107-1515**

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

Name of Employer **CT ASSOC OF REALTORS** Occupation **ASSOC. MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1418**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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 41 OF 121
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>PETER KENT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2012	
Mailing Address 83 BELGO ROAD		<b>Transaction ID : SA11.1258</b>	
City LAKEVILLE	State CT	Zip Code 06039-1002	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer BICRON ELECTRONICS	Occupation RETIRING		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>HALVOR KIELLAND</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 24 / 2012	
Mailing Address 738 WEED ST		<b>Transaction ID : SA11.1168</b>	
City NEW CANAAN	State CT	Zip Code 06840-4016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>MR. LAWRENCE B. KURLAND</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2012	
Mailing Address 196 EAST STREET		<b>Transaction ID : SA11.1169</b>	
City SHARON	State CT	Zip Code 06069-2416	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer LAWRENCE B. KURLAND	Occupation ATTORNEY		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 42 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NICHOLAS V. LABBADIA**

Mailing Address 576 STEELE RD

City State Zip Code  
NEW HARTFORD CT 06057-3102

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : SA11.1315**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address HICKORY RIDGE P.O. BOX 202

City State Zip Code  
BARKHAMSTED CT 06063-0202

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

Name of Employer Occupation  
STERLING ENGINEERING PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2012

**Transaction ID : SA11.1430**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 98 STONELEIGH RD

City State Zip Code  
NEW CANAAN CT 06840-5000

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

Name of Employer Occupation  
IBM MANAGING PARTNER, GBS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 11 / 2012

**Transaction ID : SA11.1128**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1350.00

**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 121  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 14 NORTH FORTY RD

City NORTHFIELD State CT Zip Code 06778-2517

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

Name of Employer ACCELLENT Occupation DIRECTOR OF OPERATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1125**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 9 PRATT ISLAND

City DARIEN State CT Zip Code 06820-5726

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : SA11.1255**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 39 WHITEWOOD RD

City NEWTOWN State CT Zip Code 06470-1560

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

Name of Employer TREMONT AND SHELDON Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1342**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

1250.00

**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 44 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAY F. MALCYNISKY**

Mailing Address **25 PARKERS POINT RD**

City **CHESTER** State **CT** Zip Code **06412-1206**

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

Name of Employer **SELF EMPLOYED** Occupation **LAWYER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1345**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

Mailing Address **57 DAVIDSON RD**

City **GOSHEN** State **CT** Zip Code **06756-1230**

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

Name of Employer **MAROLA MOTOR SALES** Occupation **TRUCK DEALER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11.1264**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

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

Mailing Address **57 DAVIDSON RD**

City **GOSHEN** State **CT** Zip Code **06756-1230**

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

Name of Employer **MAROLA MOTOR SALES** Occupation **TRUCK DEALER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11.1264B**

Amount of Each Receipt this Period  
**-2500.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**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: (check only one)	PAGE 45 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 57 DAVIDSON RD

City State Zip Code  
GOSHEN CT 06756-1230

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

Name of Employer Occupation  
MAROLA MOTOR SALES TRUCK DEALER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11.1289**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address 341 MILTON RD

City State Zip Code  
LITCHFIELD CT 06759-2203

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 03 / 2012**

**Transaction ID : SA11.1093**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address 125 INDIAN HILL ROAD

City State Zip Code  
CANTON CT 06019-3624

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

Name of Employer Occupation  
BRADLEY, FOSTER, SARGENT INVESTMENTS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11.1256**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

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

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

**600.00**

**600.00**

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address **P.O. BOX 297**

City **ANCRAMDAL** State **NY** Zip Code **12503-0297**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2012**

**Transaction ID : SA11.1183**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **112 HENLEY WAY**

City **AVON** State **CT** Zip Code **06001-4072**

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

Name of Employer **OTIS ELEVATOR** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1387**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **36 TRUMBULL ST**

City **HARTFORD** State **CT** Zip Code **06103-2404**

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

Name of Employer **CAPITOL STRATEGIES** Occupation **LOBBYIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1414**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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 47 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JAMES W. MCELHONE**

Mailing Address 1118 HIGHLAND AVENUE

City State Zip Code  
TORRINGTON CT 06790-4307

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

Name of Employer Occupation  
SELF EMPLOYED CONSTRUCTION

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 03 / 2012

**Transaction ID : SA11.1092**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

Mailing Address 73 BALDWIN HILL ROAD

City State Zip Code  
LITCHFIELD CT 06759-3305

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

Name of Employer Occupation  
CHH DOCTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1116**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 394

City State Zip Code  
SALISBURY CT 06068-0394

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 22 / 2012

**Transaction ID : SA11.1379**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

650.00

**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 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH W. MERZ**

Mailing Address **62 NORTH STREET**  
**P.O. BOX 1227**

City **LITCHFIELD** State **CT** Zip Code **06759-2504**

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

Name of Employer **O & G INDUSTRIES** Occupation **SECRETARY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 26 / 2012**

**Transaction ID : SA11.1424**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **COBBLE POND ROAD**  
**P.O. BOX 728**

City **SHARON** State **CT** Zip Code **06069-0728**

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

Name of Employer **SELF** Occupation **INVESTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2012**

**Transaction ID : SA11.1196**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **7945 SOUTH MOUNTAIN OAKS DR**

City **SALT LAKE CITY** State **UT** Zip Code **84121-5941**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2012**

**Transaction ID : SA11.1187**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1750.00**



**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 49 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 18 SHINAR MOUNTAIN RD

City WASHINGTON DEPOT State CT Zip Code 06794-1711

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

Name of Employer CREDIT SUISSE Occupation BANKING

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1318**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address 389 WHITE DEER ROCK RD

City MIDDLEBURY State CT Zip Code 06762-1327

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

Name of Employer MOORE, O'BRIEN JACQUES & YELENAK Occupation MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11.1400**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1132**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

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

2300.00

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN W. MOROSANI**

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1132B**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -300.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

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

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1142**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM RUNOFF**

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

Mailing Address 88 WIGWAM ROAD  
P.O. BOX 1045

City LITCHFIELD State CT Zip Code 06759-3826

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

Name of Employer INFORMATION REQUESTED PER BEST EFF( Occupation INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **483.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1160**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 483.26

CONTRIBUTION

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

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

\_\_\_\_\_ 483.26

\_\_\_\_\_

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

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

Mailing Address 222 BELGO RD

City LAKEVILLE State CT Zip Code 06039-1005

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2012

**Transaction ID : SA11.1186**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 1711 HOLLINDALE DRIVE

City ALEXANDRIA State VA Zip Code 22306-2408

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

Name of Employer AMERICAN HUMANE ASSOC Occupation DEVELOPMENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012

**Transaction ID : SA11.1411**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LINDA A. MURPHY TAVLARIOS**

Mailing Address 15 WRENFIELD LANE

City DARIEN State CT Zip Code 06820-2201

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : SA11.1173**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

**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 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. VICTOR M. MUSCHELL**

Mailing Address 2700 TORRINGFORD STREET

City TORRINGTON State CT Zip Code 06790-2313

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1112**

Amount of Each Receipt this Period  
 CONTRIBUTION **50.00**

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

Mailing Address 98 BENTLEY CIR.

City GOSHEN State CT Zip Code 06756-1722

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

Name of Employer JON MANDY CORP Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1123**

Amount of Each Receipt this Period  
 CONTRIBUTION **200.00**

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

Mailing Address 73 WINDTREE EAST

City TORRINGTON State CT Zip Code 06790-3034

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

Name of Employer DWAN & COMPANY INC. Occupation BEER WHOLESALER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11.1050**

Amount of Each Receipt this Period  
 CONTRIBUTION **100.00**

**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 53 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. NICKERSON**

Mailing Address 35 QUAIL ROAD

City GREENWICH State CT Zip Code 06831-3322

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

Name of Employer E.A. HOFFMAN Occupation REAL ESTATE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2012

**Transaction ID : SA11.1242**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. MARK D. NIELSEN**

Mailing Address 3 PARLEY LANE

City RIDGEFIELD State CT Zip Code 06877-4903

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

Name of Employer PRAXAIR Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1333**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 94 WESTCHESTER RD

City COLCHESTER State CT Zip Code 06415-2420

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

Name of Employer STATE OF CONNECTICUT Occupation AGENCY ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

**Transaction ID : SA11.1109**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

**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 54 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOAN A. O' BRIEN**

Mailing Address 148 NORFOLK RD

City LITCHFIELD State CT Zip Code 06759-2515

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11.1053**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KATHLEEN O' CONNOR**

Mailing Address 30 WESTWOOD ROAD

City WEST HARTFORD State CT Zip Code 06117-2252

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

Name of Employer MCKENNA LONG & ALDRIDGE Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1392**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES P. O'LEARY**

Mailing Address 235 HAGEMAN-SHEAN ROAD

City GOSHEN State CT Zip Code 06756-1104

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2012

**Transaction ID : SA11.1260**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<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 55 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PETER HOLMES ONDERDONK**

Mailing Address **26 DUDLEY ROAD**

City **LITCHFIELD** State **CT** Zip Code **06759-3108**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 12 / 2012**

**Transaction ID : SA11.1137**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS IRENE M. ONEGLIA**

Mailing Address **37 TALMADGE LANE**  
**P.O. BOX 1114**

City **LITCHFIELD** State **CT** Zip Code **06759-2418**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 01 / 2012**

**Transaction ID : SA11.1047**

Amount of Each Receipt this Period  
**400.00**  
 CONTRIBUTION

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

Mailing Address **153 GALLOWS LANE**  
**P.O. BOX 519**

City **LITCHFIELD** State **CT** Zip Code **06759-3918**

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

Name of Employer **BURLINGTON CONSTRUCTION** Occupation **CONTRACTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 12 / 2012**

**Transaction ID : SA11.1135**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**950.00**

**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 56 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FREDRICK H. PARKIN JR.**

Mailing Address 262 BEACH STREET  
P.O. BOX 1461

City LITCHFIELD State CT Zip Code 06759-2328

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2012

**Transaction ID : SA11.1043**

Amount of Each Receipt this Period  
CONTRIBUTION  
200.00

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

Mailing Address 179 CHESTNUT HILL RD

City LITCHFIELD State CT Zip Code 06759-4132

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

Name of Employer TOWN OF LITCHFIELD Occupation FIRST SELECTMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2012

**Transaction ID : SA11.1425**

Amount of Each Receipt this Period  
CONTRIBUTION  
250.00

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

Mailing Address 2 MAIN ST

City SHARON State CT Zip Code 06069-2052

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 24 / 2012

**Transaction ID : SA11.1166**

Amount of Each Receipt this Period  
CONTRIBUTION  
250.00

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

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

700.00



**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 57 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SAMUEL D. PIERSON**

Mailing Address 52 HILLCREST RD

City State Zip Code  
MANCHESTER CT 06040-7011

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

Name of Employer Occupation  
ABAPGT, INC CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : SA11.1325**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 34 SOUTHGATE RD

City State Zip Code  
WATERBURY CT 06708-3226

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : SA11.1283**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 40 GREENSWOOD PLACE

City State Zip Code  
SOUTH GLASTONBURY CT 06073-2900

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 05 / 2012

**Transaction ID : SA11.1190**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1750.00

**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 58 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>MR. G. RICHARD REIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2012
Mailing Address 119 BRYNMOOR CT		<b>Transaction ID : SA11.1045</b>
City GOSHEN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 50.00
Name of Employer RETIRED	Occupation N/A	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) <b>DAVID BARRETT RICH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 05 / 2012
Mailing Address 202 FARNUM ROAD		<b>Transaction ID : SA11.1207</b>
City LAKEVILLE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 250.00
Name of Employer SUPPORTIVE HOUSING WORKS	Occupation HOMELESS PROVIDER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR. PHILIP G. SAMPONARO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 03 / 2012
Mailing Address P.O. BOX 245		<b>Transaction ID : SA11.1091</b>
City LITCHFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 500.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<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 59 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN D. SANTOLERI**

Mailing Address **240 W. SHORE RD**

City **NEW PRESTON** State **CT** Zip Code **06777-1303**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2012**

**Transaction ID : SA11.1181**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **420 YALE AVE**

City **NEW HAVEN** State **CT** Zip Code **06515-2234**

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

Name of Employer **CT HUMANITIES COUNCIL** Occupation **NON-PROFIT EDUCATION ADMINISTRATION**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1326**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **25 COLONY ROAD**

City **WEST HARTFORD** State **CT** Zip Code **06117-2215**

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

Name of Employer **BRALLY, FOSTER & SARGENT** Occupation **MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2012**

**Transaction ID : SA11.1244**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**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 60 OF 121
	<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)  
**Roraback for Congress**

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

Mailing Address **CORNWALL BRIDGE ROAD**  
**P.O. 787**

City **SHARON** State **CT** Zip Code **06068**

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

Name of Employer **PNH** Occupation **PHYSICIAN**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11.1233**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

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

Mailing Address **45 TANNER HILL RD**

City **NEW PRESTON** State **CT** Zip Code **06777-1118**

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

Name of Employer **SCOTT'S SWIMMING POOLS** Occupation **POOL COMPANY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 21 / 2012**

**Transaction ID : SA11.1368**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **42 WESTWOOD RD**

City **WEST HARTFORD** State **CT** Zip Code **06117-2252**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 06 / 2012**

**Transaction ID : SA11.1191**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**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 61 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>ALLYN SEYMOUR JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2012
Mailing Address 42 WESTWOOD RD		<b>Transaction ID : SA11.1417</b>
City WEST HARTFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

Full Name (Last, First, Middle Initial) <b>MR. JONATHAN ELY SEYMOUR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 11 / 2012
Mailing Address 35 LEDYARD ROAD		<b>Transaction ID : SA11.1218</b>
City WEST HARTFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation REAL ESTATE BROKER	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MR. THOMAS L. SEYMOUR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012
Mailing Address 62 COLONY ROAD		<b>Transaction ID : SA11.1389</b>
City WEST HARTFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer RETIRED	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2900.00
<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 62 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TREY L. SINATRO**

Mailing Address 12 MIDLANDS DRIVE

City WEST HARTFORD State CT Zip Code 06107-1022

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

Name of Employer SELF Occupation INSURANCE AND REAL ESTATE SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11.1276**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 23 SMITH HILL LANE

City SALISBURY State CT Zip Code 06068

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

Name of Employer BROWN BROTHERS HARRIMAN Occupation PRIVATE BANKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1234**

Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. GAIL P. SPERRY**

Mailing Address P.O. BOX 1342

City LITCHFIELD State CT Zip Code 06759-1342

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1118**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

575.00

**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 63 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT J. SWITZGABLE**

Mailing Address P.O. BOX 529  
178 CAMP WORKMAN RD

City NEW HARTFORD State CT Zip Code 06057-0529

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

Name of Employer Occupation  
SKI SUNDOWN INC SKI AREA OPERATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 18 / 2012

**Transaction ID : SA11.1291**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 144 CHESTNUT HILL ROAD

City TORRINGTON State CT Zip Code 06790-4201

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

Name of Employer Occupation  
T & M BUILDING HOMEBUILDER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2012

**Transaction ID : SA11.1131**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. LILLIAN E. TOBIN**

Mailing Address 14 WELDON CT  
P. O. BOX 132

City GOSHEN State CT Zip Code 06756-1701

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : SA11.1143**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

4600.00

**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 64 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANGELO TOMASSO JR.**

Mailing Address 132 ROSLYN DR

City NEW BRITAIN State CT Zip Code 06052-1824

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1343**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 132 ROSLYN DR

City NEW BRITAIN State CT Zip Code 06052-1824

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

Name of Employer N/A Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1344**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 1 ETON PLACE

City FARMINGTON State CT Zip Code 06032-1546

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

Name of Employer TOMASSO BROTHERS INC Occupation MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1341**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**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 65 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CLIFFORD E. TREIBER**

Mailing Address 72 PIE HILL RD

City State Zip Code  
GOSHEN CT 06756-2024

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11.1102**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

Mailing Address 18 FAIRCHILD ROAD

City State Zip Code  
SHARON CT 06069-2437

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2012

**Transaction ID : SA11.1206**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 739

City State Zip Code  
LAKEVILLE CT 06039-0739

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2012

**Transaction ID : SA11.1176**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

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

650.00

**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 66 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. WALSH**

Mailing Address 18 PENT RD

City BLOOMFIELD State CT Zip Code 06002-1519

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

Name of Employer MOUHAWSHER AND WALSH Occupation TRIAL ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1335**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 113 WALNUT TREE HILL  
P.O. BOX 848

City SANDY HOOK State CT Zip Code 06482-1007

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2012

**Transaction ID : SA11.1271**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID J. WATSON**

Mailing Address 5080 N. 40TH STREET, SUITE 375

City PHOENIX State AZ Zip Code 85018-2190

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012

**Transaction ID : SA11.1295**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

1600.00

**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 67 OF 121
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARK E. WERTHEIM**

Mailing Address **787 BAY COLONY DR**

City **NAPLES** State **FL** Zip Code **34108**

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

Name of Employer **SELF EMPLOYED** Occupation **BUSINESS**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.1222**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WENDELL L. WILLKIE II**

Mailing Address **155 CHRISTIE HILL RD**

City **DARIEN** State **CT** Zip Code **06820-3017**

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

Name of Employer **MEAD WESTVACO** Occupation **SVP & GC**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2012**

**Transaction ID : SA11.1282**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **552 MILTON RD**

City **LITCHFIELD** State **CT** Zip Code **06759-2013**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 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 / 2012**

**Transaction ID : SA11.1221**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**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 68 OF 121
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JULIE G. ZYLA**

Mailing Address **30 HICKORY LANE**

City **WEST HARTFORD** State **CT** Zip Code **06107-1134**

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

Name of Employer **CIGNA** Occupation **MARKETING COMMUNICATIONS DIRECTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 18 / 2012**

**Transaction ID : SA11.1299**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **PO BOX 199**

City **SALISBURY** State **CT** Zip Code **06068-0199**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 26 / 2012**

**Transaction ID : SA11.1431**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

LLC OWNED BY MARIE E. LAROCHE

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

Mailing Address **PO BOX 199**

City **SALISBURY** State **CT** Zip Code **06068-0199**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 26 / 2012**

**Transaction ID : SA11.1432**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

LLC OWNED BY MARIE E. LAROCHE

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

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

**5250.00**

**95851.42**

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

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

FOR LINE NUMBER: PAGE 69 OF 121  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CLARK FOR CONGRESS**

Mailing Address P.O. BOX 1314

City State Zip Code  
FARMINGTON CT 06034-1314

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012

**Transaction ID : SA11.1385**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CONN. AUTO RECYCLES, P.A.C.**

Mailing Address 53 ROBETH LANE

City State Zip Code  
WETHERSFIELD CT 06109-3552

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11.1365**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WSWC-FEDERAL PAC**

Mailing Address 132 TEMPLE ST

City State Zip Code  
NEW HAVEN CT 06510-2625

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11.1401**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

2600.00

2600.00

**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 70 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ross Brennan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 188.70
City Litchfield	State CT Zip Code	
Purpose of Disbursement payroll	Category/Type 001	<b>Transaction ID : 331</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Ross Brennan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 359.40
City Litchfield	State CT Zip Code	
Purpose of Disbursement payroll	Category/Type 001	<b>Transaction ID : 332</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. Ross Brennan</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 359.40
City Litchfield	State CT Zip Code	
Purpose of Disbursement payroll	Category/Type 001	<b>Transaction ID : 3321</b>
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).....	907.50
<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 71 OF 121	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ross Brennan</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 39.85
City Litchfield	State CT Zip Code	
Purpose of Disbursement reimbursement mileage	Category/Type 002	<b>Transaction ID : 346</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Kelly Calaza</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2012
Mailing Address 16 Eliabeth Road		Amount of Each Disbursement this Period 257.90
City Farmington	State CT Zip Code	
Purpose of Disbursement Convention expense Balloons	Category/Type 007	<b>Transaction ID : 251</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. MaryAnne Carson</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 39 Fleetwood Road		Amount of Each Disbursement this Period 52.00
City New Fairfield	State CT Zip Code	
Purpose of Disbursement Reimbursement -voter list	Category/Type 001	<b>Transaction ID : 353</b>
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).....	349.75
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amy DeGraft</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address Stoner Drive		Amount of Each Disbursement this Period 2652.10 <b>Transaction ID : 2641</b>
City West Hartford	State CT	
Zip Code 06107-1308	Purpose of Disbursement Tickets to Rockettes	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Marc Dillion</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2012
Mailing Address Park Ave		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : 238</b>
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement Campaign Consultant	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. Marc Dillion</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address Park Ave		Amount of Each Disbursement this Period 6000.00 <b>Transaction ID : 357</b>
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement Campaign Consultant	Category/ Type 001
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).....	14652.10
<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 73 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>			Date of Disbursement MM / DD / YYYY 04 / 30 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.58	
City Watertown	State CT	Zip Code 06795	Transaction ID : 220	
Purpose of Disbursement Payroll		Category/ Type 001		
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:				

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>			Date of Disbursement MM / DD / YYYY 05 / 15 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.58	
City Watertown	State CT	Zip Code 06795	Transaction ID : 236	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>			Date of Disbursement MM / DD / YYYY 05 / 25 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 200.00	
City Watertown	State CT	Zip Code 06795	Transaction ID : 2591	
Purpose of Disbursement Reimbursement campaign event dinner		Category/ Type 001	[MEMO ITEM] 4 tickets	
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).....	2301.16
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58 <b>Transaction ID : 275</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement payroll	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 121.27 <b>Transaction ID : 277</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Reimbursement mileage	Category/ Type 002
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:	

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 145.41 <b>Transaction ID : 281</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement reimbursement office supplies	Category/ Type 001
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).....	1417.26
<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 121		
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.28 <b>Transaction ID : 295</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Payroll	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 75.79 <b>Transaction ID : 355</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Reimbursement Food	Category/ Type 007
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:	

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58 <b>Transaction ID : 3661</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Payroll	Category/ Type 001
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).....	2376.65
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2011
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 188.70
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement payroll	<b>Transaction ID : 333</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>B. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 359.40
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement payroll	<b>Transaction ID : 334</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>c. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 9.90
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Reimbursement mileage	<b>Transaction ID : 344</b>
Candidate Name	002 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).....	558.00
<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 77 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 25.00
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Reimbursement Lunch Coordinator	<b>Transaction ID : 345</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>B. Robert Kane</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00
City Watertown	State CT	
Zip Code	Purpose of Disbursement Campaign Manager	<b>Transaction ID : 301</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>c. Robert Kane</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00
City Watertown	State CT	
Zip Code	Purpose of Disbursement Campaign Manager	<b>Transaction ID : 311</b>
Candidate Name	001 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).....	2025.00
<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 78 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Kane</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 350</b>
City Watertown	State CT	
Purpose of Disbursement Campaign Manager	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Robert O Kane</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 348.69 <b>Transaction ID : 347</b>
City Watertown	State CT	
Purpose of Disbursement Reimbursement Food Entertainment	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>C. Andrew Lautz</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address		Amount of Each Disbursement this Period 105.45 <b>Transaction ID : 258</b>
City Litchfield	State CT	
Purpose of Disbursement reimbursement mileage	Category/ Type 002	
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).....	1454.14
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address		Amount of Each Disbursement this Period 382.24
City Litchfield	State CT	
Purpose of Disbursement Reimbursement copies	Category/ Type 001	<b>Transaction ID : 259</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address		Amount of Each Disbursement this Period 754.00
City Litchfield	State CT	
Purpose of Disbursement payroll	Category/ Type 001	<b>Transaction ID : 280</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address		Amount of Each Disbursement this Period 754.80
City Litchfield	State CT	
Purpose of Disbursement payroll	Category/ Type 001	<b>Transaction ID : 294</b>
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).....	1891.04
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrew Lautz</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address		Amount of Each Disbursement this Period 316.03
City Litchfield	State CT	
Purpose of Disbursement Reimbursement mileage	Category/ Type 002	<b>Transaction ID : 343</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Conor Maloney</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 32 Longview Road		Amount of Each Disbursement this Period 66.00
City Avon	State CT	
Purpose of Disbursement Reimbursement Mileage	Category/ Type 002	<b>Transaction ID : 351</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. Anna-Elysapeth McGuire</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2012
Mailing Address 49 ALLYNDAL ROAD		Amount of Each Disbursement this Period 1123.00
City CANAAN	State CT	
Purpose of Disbursement payroll	Category/ Type 001	<b>Transaction ID : 221</b>
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).....	1505.03
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00
City CANAAN	State CT	
Zip Code 06018	Purpose of Disbursement payroll	<b>Transaction ID : 237</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>B. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 825.00
City CANAAN	State CT	
Zip Code 06018	Purpose of Disbursement Reimbursement mileage & Office Furniture	<b>Transaction ID : 240</b>
Candidate Name	001 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)	<b>[MEMO ITEM]</b> \$400 Mileage Reimbursement \$425 Furniture for office
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00
City CANAAN	State CT	
Zip Code 06018	Purpose of Disbursement payroll	<b>Transaction ID : 279</b>
Candidate Name	001 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).....	2246.00
<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 82 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anna-Elysapeth McGuire</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012	
Mailing Address 49 ALLYNDALE ROAD			Amount of Each Disbursement this Period 1123.00	
City CANAAN	State CT	Zip Code 06018	Transaction ID : 296	
Purpose of Disbursement payroll		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Anna-Elysapeth McGuire</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012	
Mailing Address 49 ALLYNDALE ROAD			Amount of Each Disbursement this Period 1123.00	
City CANAAN	State CT	Zip Code 06018	Transaction ID : 338	
Purpose of Disbursement payroll		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Reto Morosani</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2012	
Mailing Address 88 Wigwam Street			Amount of Each Disbursement this Period 483.27	
City Litchfield	State CT	Zip Code 06759	Transaction ID : 121	
Purpose of Disbursement Disbursement of inkind contribution		003 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2729.27
<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 83 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Mike Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address		Amount of Each Disbursement this Period 200.00
City West Hartford	State CT	
Zip Code 06117	Purpose of Disbursement Musician	<b>Transaction ID : 199</b>
Candidate Name	Category/Type 003	
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:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postmaster Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 185 Elm Street		Amount of Each Disbursement this Period 490.00
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement	<b>Transaction ID : 290</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. Alfredo's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 44.35
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Food Volunteer	<b>Transaction ID : 101</b>
Candidate Name	Category/Type 007	
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 checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	734.35
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Align Media LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 921 Cavalry Ride Trail		Amount of Each Disbursement this Period 1650.00 <b>Transaction ID : 310</b>
City AUSTIN	State TX	
Zip Code 78732	Purpose of Disbursement Web Support	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. American Copy</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 554.86 <b>Transaction ID : 256</b>
City Waterbury	State CT	
Zip Code 06703	Purpose of Disbursement copier fees	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. American Copy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 395.61 <b>Transaction ID : 362</b>
City Waterbury	State CT	
Zip Code 06703	Purpose of Disbursement Parts and Labor	Category/ Type 001
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).....	2600.47
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 159.53 <b>Transaction ID : 363</b>
City Waterbury	State CT	
Zip Code 06703	Purpose of Disbursement copier monthly Fee	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Apricots</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 1593 Farmington Ave.		Amount of Each Disbursement this Period 2652.10 <b>Transaction ID : 342</b>
City Farmington	State CT	
Zip Code 06032	Purpose of Disbursement Fundraiser	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>C. ATT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O box 5082		Amount of Each Disbursement this Period 145.79 <b>Transaction ID : 264</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone	Category/ Type 001
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).....	2957.42
<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 86 OF 121		
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. ATT Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 293.81 <b>Transaction ID : 319</b>
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement Wireless phone	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. ATT Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 341.77 <b>Transaction ID : 361</b>
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement Wireless phones	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. ATT U-Verse</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : 262</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Wireless network	Category/ Type 001
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).....	695.58
<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 87 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. ATT U-Verse</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 2012 100.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Wireless Network deposit - 47 Water St	<b>Transaction ID : 320</b>
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. biDesigns LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 64 Humphrey Street		Amount of Each Disbursement this Period 2012 2073.83
City Seymour	State CT	
Zip Code 06483	Purpose of Disbursement	<b>Transaction ID : 366</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 2012 800.00
City Falls Church	State CT	
Zip Code 22043	Purpose of Disbursement Fundraising software	<b>Transaction ID : 260</b>
Candidate Name	Category/ Type 003	
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).....	2973.83
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 800.00
City Falls Church	State CT	
Zip Code 22043	Purpose of Disbursement	<b>Transaction ID : 359</b>
Candidate Name	003 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:		

Full Name (Last, First, Middle Initial) <b>B. Commission of Revenue Services - CT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement CT Withholding	<b>Transaction ID : 103</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>C. Commission of Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement CT Withholding	<b>Transaction ID : 104</b>
Candidate Name	001 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).....	958.42
<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 89 OF 121		
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Commission of Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 13 / 2012</b>
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period <b>79.21</b>
City Hartford State CT Zip Code 06103	Purpose of Disbursement CT Withholding <b>001</b> Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : 105	

Full Name (Last, First, Middle Initial) <b>B. Commission of Revenue Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2012</b>
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period <b>79.21</b>
City Hartford State CT Zip Code 06106	Purpose of Disbursement CT Withholding <b>001</b> Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : 106	

Full Name (Last, First, Middle Initial) <b>C. Commission of Revenue Services</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 28 / 2012</b>
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period <b>79.21</b>
City Hartford State CT Zip Code 06106	Purpose of Disbursement CT withholding <b>001</b> Category/Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:	Transaction ID : 107	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>237.63</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 90 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Connecticut Light and Power</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 150493			Amount of Each Disbursement this Period 66.87
City Hartford	State CT	Zip Code 06115	Transaction ID : 358
Purpose of Disbursement Utilities	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Connecticut Light and Power</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. Box 150493			Amount of Each Disbursement this Period 92.80
City Hartford	State CT	Zip Code 06115	Transaction ID : 261
Purpose of Disbursement Utilities	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>c. CT Department of Labor</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 2940			Amount of Each Disbursement this Period 629.17
City Hartford	State CT	Zip Code 06104	Transaction ID : 360
Purpose of Disbursement Payroll Taxes	Category/ Type 001		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	788.84
<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 91 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cutie Pies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 131 Main Street Suite105A		Amount of Each Disbursement this Period 525.00
City Thomaston State CT Zip Code 06787	Purpose of Disbursement Food Candidate Name Category/Type 001	
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)		Transaction ID : 244
State: District:	convention bag	

Full Name (Last, First, Middle Initial) <b>B. Cutie Pies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 131 Main Street Suite 105A		Amount of Each Disbursement this Period 24.00
City Thomaston State CT Zip Code 06787	Purpose of Disbursement Food Candidate Name Category/Type 007	
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)		Transaction ID : 245
State: District:		

Full Name (Last, First, Middle Initial) <b>c. DJ International</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 262 Tucker Ave. EXT		Amount of Each Disbursement this Period 400.00
City Oakville State CT Zip Code 06779	Purpose of Disbursement Food Candidate Name Category/Type 001	
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)		Transaction ID : 282
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	949.00
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Greater Danbury Chamber of Commerce</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 325 East Jimmie Leeds Rd Suite 117			Amount of Each Disbursement this Period 213849.00 <b>Transaction ID : 388</b>
City Galloway	State NJ	Zip Code 08205	
Purpose of Disbursement Event June Luncheon		Category/ Type 001	
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: _____		

Full Name (Last, First, Middle Initial) <b>B. Greenwood Counseling</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 25 South Street P.O Box 1549			Amount of Each Disbursement this Period 125.00 <b>Transaction ID : 326</b>
City Litchfield	State CT	Zip Code 06759	
Purpose of Disbursement Event Admission		Category/ Type 001	
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: _____		

Full Name (Last, First, Middle Initial) <b>C. Hartford Marriott Downtown</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2012
Mailing Address 200 Columbus Ave			Amount of Each Disbursement this Period 9322.25 <b>Transaction ID : 252</b>
City Hartford	State CT	Zip Code 06103	
Purpose of Disbursement Convention Reception & Rooms		Category/ Type 007	
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) .....	223296.25
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hartford Marriott Downtown</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012		
Mailing Address 200 Columbus Ave			Amount of Each Disbursement this Period 114.39		
City Hartford	State CT	Zip Code 06103	Transaction ID : 257		
Purpose of Disbursement Convention expense		007 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. IRS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012		
Mailing Address			Amount of Each Disbursement this Period 428.41		
City Andover	State MA	Zip Code 05501	Transaction ID : 108		
Purpose of Disbursement Payroll Liabilities		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. IRS</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012		
Mailing Address			Amount of Each Disbursement this Period 661.41		
City Andover	State MA	Zip Code 05501	Transaction ID : 109		
Purpose of Disbursement payroll liabilities		001 Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1204.21
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. <b>IRS</b>		M M / D D / Y Y Y Y 05 / 16 / 2012	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code Andover MA 05501		661.41	
Purpose of Disbursement Payroll liabilities		Transaction ID : 110	
Candidate Name		Category/Type 001	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. <b>IRS</b>		M M / D D / Y Y Y Y 05 / 30 / 2012	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code Andover MA 05501		722.61	
Purpose of Disbursement payroll Liabilities		Transaction ID : 111	
Candidate Name		Category/Type 001	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. <b>IRS</b>		M M / D D / Y Y Y Y 06 / 13 / 2012	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code Andover MA 05501		722.61	
Purpose of Disbursement payroll liabilities		Transaction ID : 112	
Candidate Name		Category/Type 001	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2106.63
<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 121		
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. IRS</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address		Amount of Each Disbursement this Period 918.21
City Andover	State MA	
Zip Code 05501		<b>Transaction ID : 113</b>
Purpose of Disbursement payroll Liabilites	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Kartele</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 511 Wolcott Ave		Amount of Each Disbursement this Period 776.33
City Waterbury	State CT	
Zip Code 06705		<b>Transaction ID : 349</b>
Purpose of Disbursement Ipad	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>C. Litchfield County Promotions</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 1353.82
City Thomaston	State CT	
Zip Code 06787-0177		<b>Transaction ID : 313</b>
Purpose of Disbursement Hostess gifts	Category/ Type 003	
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).....	3048.36
<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 96 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Litchfield County Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 47.15
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Re Cal sales taxes	<b>Transaction ID : 367</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>B. Litchfield County Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 846.45
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Jar Grips	<b>Transaction ID : 368</b>
Candidate Name	006 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:		

Full Name (Last, First, Middle Initial) <b>C. Middlebury Bee - Intelligner</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address PO Box 10		Amount of Each Disbursement this Period 200.00
City Middlebury	State CT	
Zip Code 06762	Purpose of Disbursement Ad	<b>Transaction ID : 352</b>
Candidate Name	004 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).....	1093.60
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Research</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 146 State Highway 34 Suite 250		Amount of Each Disbursement this Period 10000.00
City Holmdel	State NJ	Zip Code 07733
Purpose of Disbursement Polling	Category/ Type 005	
Candidate Name	Transaction ID : 298	
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:		

Full Name (Last, First, Middle Initial) <b>B. Northwest CT Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address Kennedy Drive		Amount of Each Disbursement this Period 50.00
City Torrington	State CT	Zip Code 06790
Purpose of Disbursement Chamber of Commerce event	Category/ Type 007	
Candidate Name	Transaction ID : 303	
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:		

Full Name (Last, First, Middle Initial) <b>C. Officer's Club of Connecticut</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address National Guard Army 360 Broad Street		Amount of Each Disbursement this Period 494.60
City Hartford	State CT	Zip Code 06105-3713
Purpose of Disbursement Fundraiser Food/Drinks	Category/ Type 003	
Candidate Name	Transaction ID : 340	
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).....	10544.60
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>266.69</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>reimbursement of Fundraising Supplies</b> Category/Type <b>003</b>	
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:		

**Transaction ID : 126**

Full Name (Last, First, Middle Initial) <b>B. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 17 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>7000.00</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>Fundraising Consultant</b> Category/Type <b>003</b>	
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:		

**Transaction ID : 248**

Full Name (Last, First, Middle Initial) <b>c. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>7266.69</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>Fundraising consultant</b> Category/Type <b>003</b>	
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:		

**Transaction ID : 323**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>14533.38</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 99 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2012</b>
Mailing Address <b>144 2ND STREET</b>		Amount of Each Disbursement this Period <b>29.00</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>Credit Card charge back fee</b>	<b>Transaction ID : 114</b>
Candidate Name	<b>003</b> 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:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 15 / 2012</b>
Mailing Address <b>144 2ND STREET</b>		Amount of Each Disbursement this Period <b>29.00</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>Credit Card charge back Fee</b>	<b>Transaction ID : 115</b>
Candidate Name	<b>003</b> 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:		

Full Name (Last, First, Middle Initial) <b>c. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2012</b>
Mailing Address <b>144 2ND STREET</b>		Amount of Each Disbursement this Period <b>210.08</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	
Zip Code <b>94105</b>	Purpose of Disbursement <b>Credit Card Fees</b>	<b>Transaction ID : 116</b>
Candidate Name	<b>003</b> 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).....	<b>268.08</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 100 OF 121	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 340.89 <b>Transaction ID : 128</b>
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Fees	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Pound Feinstein &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2012
Mailing Address 700 East Main Street		Amount of Each Disbursement this Period 621.25 <b>Transaction ID : 255</b>
City Richmond	State VA	
Zip Code	Purpose of Disbursement Development of Brochure	Category/ Type 006
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:	

Full Name (Last, First, Middle Initial) <b>C. Quill</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period 165.93 <b>Transaction ID : 263</b>
City Philadelphia	State PA	
Zip Code 19101	Purpose of Disbursement copier paper and ink	Category/ Type 001
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).....	1128.07
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Quill</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period 264.54 <b>Transaction ID : 364</b>
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Notebooks	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Quill</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period 264.54 <b>Transaction ID : 391</b>
City Philadelphia	State PA Zip Code 19101	
Purpose of Disbursement Notebooks	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>c. Register Citizen</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 59 Field Street		Amount of Each Disbursement this Period 371.04 <b>Transaction ID : 389</b>
City Torrington	State CT Zip Code	
Purpose of Disbursement AD	Category/Type 004	
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).....	900.12
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Scoville Plumbing and Heating</b>			Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 311 South Main Street			Amount of Each Disbursement this Period 310.00 <b>Transaction ID : 365</b>
City Torrington	State CT	Zip Code 06790	
Purpose of Disbursement Install Air Conditioner		Category/ Type 001	
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: _____		

Full Name (Last, First, Middle Initial) <b>B. Shirt Bakery</b>			Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 75 Commercial Street			Amount of Each Disbursement this Period 381.75 <b>Transaction ID : 246</b>
City Watertown	State CT	Zip Code 06795	
Purpose of Disbursement Shirts		Category/ Type 007	
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: _____		

Full Name (Last, First, Middle Initial) <b>c. Shirt Bakery</b>			Date of Disbursement MM / DD / YYYY 06 / 08 / 2012
Mailing Address 75 Commercial Street			Amount of Each Disbursement this Period 60.00 <b>Transaction ID : 293</b>
City Watertown	State CT	Zip Code 06795	
Purpose of Disbursement Shirt		Category/ Type 007	
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) .....	751.75
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Printing envelopes	<b>Transaction ID : 127</b>
Candidate Name	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1409.09
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Brochures	<b>Transaction ID : 130</b>
Candidate Name	Category/Type 006	
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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 145.00
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Invites	<b>Transaction ID : 265</b>
Candidate Name	Category/Type 003	
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).....	1849.55
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 50.37	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 266	
Purpose of Disbursement Blank Stock paper		Category/ Type 001		
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:				

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 113.94	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 267	
Purpose of Disbursement Invitation		Category/ Type 003		
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:				

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 97.33	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 269	
Purpose of Disbursement Blank Invitation stock		Category/ Type 003		
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).....	261.64
<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 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 145.37 <b>Transaction ID : 270</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Fundraising Invitation	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1402.50 <b>Transaction ID : 272</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Tote Bags	Category/ Type 006
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:	

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 29.72 <b>Transaction ID : 273</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement paper	Category/ Type 001
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).....	1577.59
<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 106 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 6655.02
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing - Invitations , Brochures	<b>Transaction ID : 285</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 304.70
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing letterhead	<b>Transaction ID : 300</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 481.61
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Letterhead	<b>Transaction ID : 316</b>
Candidate Name	001 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).....	7441.33
<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 107 OF 121	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 971.70
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Brochure	<b>Transaction ID : 317</b>
Candidate Name	006 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:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 91.41
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Signs	<b>Transaction ID : 369</b>
Candidate Name	006 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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 732.01
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Bumperstickers	<b>Transaction ID : 370</b>
Candidate Name	006 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).....	1795.12
<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 108 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 395.81 <b>Transaction ID : 371</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Invitation	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 451.13 <b>Transaction ID : 372</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing envelopes	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 971.70 <b>Transaction ID : 374</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Letterhead and Envelopes	Category/ Type 001
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).....	1818.64
<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 109 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. sir speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46 <b>Transaction ID : 375</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement POSTCARDS	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 481.61 <b>Transaction ID : 376</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement remittance Envelopes	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 121.72 <b>Transaction ID : 377</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement invites	Category/ Type 003
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).....	898.79
<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 110 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 110.92
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Envelopes	<b>Transaction ID : 380</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Envelopes Response	<b>Transaction ID : 381</b>
Candidate Name	003 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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 105.69
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Response Card	<b>Transaction ID : 383</b>
Candidate Name	003 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).....	512.07
<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 111 OF 121	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 237.31 <b>Transaction ID : 384</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement envelopes	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1457.81 <b>Transaction ID : 385</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing and mailing letter	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 48.18 <b>Transaction ID : 235</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	Category/ Type 001
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).....	1743.30
<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 112 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 180.99
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 266.52
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 266.52
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	714.03
<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 113 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 124.43 <b>Transaction ID : 254</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 93.62 <b>Transaction ID : 2551</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 264.90 <b>Transaction ID : 288</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Office Supplies	Category/ Type 001
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).....	482.95
<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 114 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 201.24 <b>Transaction ID : 289</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 12 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 145.53 <b>Transaction ID : 297</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 695.49 <b>Transaction ID : 305</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement computer	Category/ Type 001
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).....	1042.26
<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 115 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 61.92
City Torrington State CT Zip Code 06790	Purpose of Disbursement office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 308</b>

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 94.86
City Torrington State CT Zip Code 06790	Purpose of Disbursement office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 321</b>

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 63.79
City Torrington State CT Zip Code 06790	Purpose of Disbursement office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : 327</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	220.57
<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 116 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. State of CT Emergency Department</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address 1111 Country Club road		Amount of Each Disbursement this Period 396.50
City Middletown	State CT	
Zip Code 06457	Purpose of Disbursement State Trooper	<b>Transaction ID : 232</b>
Candidate Name	003 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:		

Full Name (Last, First, Middle Initial) <b>B. Tangarone and Prelli</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2012
Mailing Address 19 Rowley STreet		Amount of Each Disbursement this Period 967.00
City Winsted	State CT	
Zip Code 06098	Purpose of Disbursement insurance	<b>Transaction ID : 231</b>
Candidate Name	001 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:		

Full Name (Last, First, Middle Initial) <b>C. The Litchfield Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address Rte 202		Amount of Each Disbursement this Period 100.00
City Litchfield	State CT	
Zip Code	Purpose of Disbursement Deposit	<b>Transaction ID : 306</b>
Candidate Name	007 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).....	1463.50
<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 117 OF 121			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Litchfield Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address Rte 202		Amount of Each Disbursement this Period 202.16
City Litchfield	State CT	
Purpose of Disbursement Food	Category/ Type 007	<b>Transaction ID : 325</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Torrington Downtown Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00
City Torrington	State CT	
Purpose of Disbursement Rent	Category/ Type 001	<b>Transaction ID : 233</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. Torrington Downtown Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00
City Torrington	State CT	
Purpose of Disbursement Rent	Category/ Type 001	<b>Transaction ID : 286</b>
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).....	2172.16
<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 118 OF 121	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster Waterbury</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 21 / 2012</b>
Mailing Address <b>135 Grand Street</b>		Amount of Each Disbursement this Period <b>341.07</b> <b>Transaction ID : 242</b>
City <b>Waterbury</b>	State <b>CT</b>	
Purpose of Disbursement postage	Zip Code	Category/ Type <b>001</b>
Candidate Name	<b>06790</b>	
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:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2012</b>
Mailing Address <b>EAST ELM STREET</b>		Amount of Each Disbursement this Period <b>675.00</b> <b>Transaction ID : 2421</b>
City <b>TORRINGTON</b>	State <b>CT</b>	
Purpose of Disbursement postage	Zip Code	Category/ Type <b>001</b>
Candidate Name	<b>06790</b>	
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:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 07 / 2012</b>
Mailing Address <b>EAST ELM STREET</b>		Amount of Each Disbursement this Period <b>490.00</b> <b>Transaction ID : 2901</b>
City <b>TORRINGTON</b>	State <b>CT</b>	
Purpose of Disbursement postage	Zip Code	Category/ Type <b>001</b>
Candidate Name	<b>06790</b>	
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>1506.07</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 119 OF 121	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : 304</b>
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement POSTAGE	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : 322</b>
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement Postage	Category/ Type 001
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:	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	332583.06

**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 120 OF 121	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address RTE 202		Amount of Each Disbursement this Period 55.82
City New Hartford	State CT	
Purpose of Disbursement Wood, Keys	Category/ Type 001	<b>Transaction ID : 291</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address RTE 202		Amount of Each Disbursement this Period 445.61
City New Hartford	State CT	
Purpose of Disbursement air conditioner	Category/ Type 001	<b>Transaction ID : 307</b>
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:		

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	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	501.43
<b>TOTAL</b> This Period (last page this line number only).....	501.43



**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 121 OF 121	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marana Brooks</b>		Date of Disbursement MM / DD / YYYY <b>06 / 30 / 2012</b>
Mailing Address <b>88 Wigwam Road</b>		Amount of Each Disbursement this Period \$ <b>483.26</b>
City <b>Litchfield</b> State <b>CT</b> Zip Code <b>06759</b>	Purpose of Disbursement disbursement of in kind contribution Category/Type <b>003</b>	
Candidate Name		Transaction ID : <b>120</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
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 State: _____ District: _____		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	\$ <b>483.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	\$ <b>483.26</b>