

# 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

Check if different than previously reported. (ACC) Torrington CT 06790

2. **FEC IDENTIFICATION NUMBER** ▼ C C00504985

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

CITY ▲ Torrington STATE ▲ CT 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 11 / 06 / 2012 in the State of CT

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

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

Election on  /  /  in the State of

5. Covering Period 07 / 01 / 2012 through 07 / 25 / 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 08 / 01 / 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									
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**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))....	36254.71	572880.21
(b) Total Contribution Refunds (from Line 20(d)) .....	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	36054.71	572680.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	146700.66	416933.00
(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)).....	146700.66	416933.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	148247.21	
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).....	29969.71	506356.41
(ii) Unitemized.....	6285.00	63923.80
(iii) TOTAL of contributions from individuals ▶	36254.71	570280.21
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	36254.71	572880.21
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)..... ▶	36254.71	572880.21

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	146700.66	416933.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	200.00	200.00
(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)).....	200.00	200.00
21. OTHER DISBURSEMENTS .....	0.00	7500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	146900.66	424633.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	258893.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	36254.71
25. SUBTOTAL (add Line 23 and Line 24).....	295147.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	146900.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	148247.21

**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 66
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

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

Mailing Address 115 SHELDON LN

City State Zip Code  
LITCHFIELD CT 06759-3422

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

Name of Employer Occupation  
SALISBURY SCHOOL ADMINISTRATOR

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  
07 / 05 / 2012

**Transaction ID : SA11.1521**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

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

Mailing Address 103 ALBERT ST

City State Zip Code  
TORRINGTON CT 06790-6404

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

Name of Employer Occupation  
SELF EMPLOYED CPA

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  
07 / 25 / 2012

**Transaction ID : SA11.1567**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 600 TORRINGFORD EAST

City State Zip Code  
TORRINGTON CT 06790-4183

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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : SA11.1545**

Amount of Each Receipt this Period  
300.00  
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 6 OF 66
	<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. MARANA BROOKS**

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 **SELF** Occupation **FARMER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2733.27**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 10 / 2012**

**Transaction ID : SA11.1454**

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

**B.** Full Name (Last, First, Middle Initial)  
**MS. BONNIE E. BURR**

Mailing Address **27 DINGLE BROOK ROAD**

City **HAWLEYVILLE** State **CT** Zip Code **06440**

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

Name of Employer **UCONN** Occupation **ASSISTANT DIRECTOR**

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  
**07 / 18 / 2012**

**Transaction ID : SA11.1509**

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

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

Mailing Address **19 GOLDEN HARVEST RD**

City **ROXBURY** State **CT** Zip Code **06783-1608**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 23 / 2012**

**Transaction ID : SA11.1530**

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

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

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

**800.00**

**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 66
	<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)  
**CHRISTOPHER B. CLOW**

Mailing Address **P.O. BOX 877**

City **SHARON** State **CT** Zip Code **06069-0877**

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

Name of Employer **SELF** Occupation **FARMER**

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  
**07 / 08 / 2012**

**Transaction ID : SA11.1438**

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

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

Mailing Address **145 BRITE AVE**

City **SCARSDALE** State **NY** Zip Code **10583-1426**

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

Name of Employer **THE WALDEN GROUP** Occupation **INVESTMENTS**

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  
**07 / 16 / 2012**

**Transaction ID : SA11.1544**

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

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

Mailing Address **455 WARDS CORNER RD  
SUITE 100**

City **LOVELAND** State **OH** Zip Code **45140-9062**

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

Name of Employer **COLD JET** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **780.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.1504**

Amount of Each Receipt this Period  
**780.00**  
 CONTRIBUTION

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

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

**1330.00**

**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 66
	<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>GEORGE J. D'ANGELO II</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 16 / 2012	
Mailing Address 388 E HYERDALE DR		<b>Transaction ID : SA11.1548</b>	
City GOSHEN	State CT	Zip Code 06756-2102	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer VEA	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>MARJORIE T. DAVIDSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 05 / 2012	
Mailing Address 19 COVE RD		<b>Transaction ID : SA11.1449</b>	
City BROOKFIELD	State CT	Zip Code 06804-1301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer TOWN OF BROOKFIELD	Occupation FIRST SELECTMAN		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) <b>CAROL DEGENER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 07 / 2012	
Mailing Address 155 EAST 73RD STREET, APT.3B		<b>Transaction ID : SA11.1436</b>	
City NEW YORK	State NY	Zip Code 10021-9101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer FRANKLIN TEMPLETON	Occupation ATTORNEY		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1225.00
<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 9 OF 66
	<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)  
**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  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : SA11.1508**

Amount of Each Receipt this Period  
1000.00  
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  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : SA11.1508B**

Amount of Each Receipt this Period  
-1000.00  
CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**DR. DAVID K. EMMEL**

Mailing Address 28 HENDERSON DR

City AVON State CT Zip Code 06001-2805

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

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

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  
07 / 18 / 2012

**Transaction ID : SA11.1511**

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 10 OF 66
	<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)  
**LAWRENCE F. FIANO**

Mailing Address **266 BOSTON TURNPIKE**

City **BOLTON** State **CT** Zip Code **06043-7204**

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

Name of Employer **SELF EMPLOYED** Occupation **HOME BUILDER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **709.57**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 25 / 2012**

**Transaction ID : SA11.1564**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

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

Mailing Address **266 BOSTON TURNPIKE**

City **BOLTON** State **CT** Zip Code **06043-7204**

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

Name of Employer **SELF EMPLOYED** Occupation **HOME BUILDER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **709.57**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 25 / 2012**

**Transaction ID : SA11.1566**

Amount of Each Receipt this Period  
**559.57**  
 CONTRIBUTION

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

Mailing Address **102 NORTH STREET**  
**P.O. BOX 939**

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

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

Name of Employer **SELF** Occupation **INVESTING**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 09 / 2012**

**Transaction ID : SA11.1468**

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

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

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

**959.57**

**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 66
	<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)  
**THOMAS M. FITZGERALD III**

Mailing Address **765 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10021-4254**

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

Name of Employer **LONGBOW CAPITAL PARTNERS** Occupation **INVESTMENTS**

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  
**07 / 18 / 2012**

**Transaction ID : SA11.1513**

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

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

Mailing Address **96 WELLSFORD DR.**

City **GOSHEN** State **CT** Zip Code **06756-1816**

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

Name of Employer **ALLIANCE BERNSTEIN** Occupation **FINANCIAL ADVISOR**

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  
**07 / 09 / 2012**

**Transaction ID : SA11.1469**

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

**C.** Full Name (Last, First, Middle Initial)  
**DR. JOHN P. FULKERSON**

Mailing Address **176 CLARK RD**

City **LITCHFIELD** State **CT** Zip Code **06759-2822**

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

Name of Employer **ORTHOPEDIC ASSOCIATION OF HARTFORD** Occupation **SURGEON**

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  
**07 / 09 / 2012**

**Transaction ID : SA11.1470**

Amount of Each Receipt this Period  
**250.00**  
 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 12 OF 66
	<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)  
**TERESA KEMMER GALLUCCIO**

Mailing Address **9 KNOLLWOOD DR**

City **GREENWICH** State **CT** Zip Code **06830-4756**

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

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

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  
**07 / 16 / 2012**

**Transaction ID : SA11.1542**

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

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

Mailing Address **38 RED HILL DR**

City **GLASTONBURY** State **CT** Zip Code **06033-3135**

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

Name of Employer **SHIPMAN & GOODWIN** 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  
**07 / 16 / 2012**

**Transaction ID : SA11.1491**

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

**C.** 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  
**4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.1547**

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 13 OF 66
	<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)  
**PATTI M. HIMES**

Mailing Address 401 N ATLANTIC AVE  
APT 606

City State Zip Code  
NEW SMYRNA FL 32169-2566

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

Name of Employer Occupation  
N/A 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  
07 / 16 / 2012

**Transaction ID : SA11.1538**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 280952

City State Zip Code  
EAST HARTFORD CT 06128-0952

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

Name of Employer Occupation  
HOFFMAN AUTO GROUP AUTOMOBILE DEALER

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  
07 / 05 / 2012

**Transaction ID : SA11.1444**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. B. THEODORE JACOBS**

Mailing Address 30 FERNBROOK

City State Zip Code  
WEST HARTFORD CT 06107-1612

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC CPA

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  
07 / 05 / 2012

**Transaction ID : SA11.1448**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

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

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

1400.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 14 OF 66

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

**A.** Full Name (Last, First, Middle Initial)  
**THEODORE H. JOHNSON**  
 Mailing Address 141 S. MOUNTAIN DR  
 City State Zip Code  
 NEW BRITAIN CT 06052-1511  
 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  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 19 2012  
**Transaction ID : SA11.1515**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PAUL J. KNIERIM**  
 Mailing Address 97 HEDGEHOG LANE  
 City State Zip Code  
 WEST SIMSBURY CT 06092-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE OF CONNECTICUT ADMINISTRATOR  
 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  
 07 25 2012  
**Transaction ID : SA11.1551**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BRADLEY KULMAN**  
 Mailing Address 336 W. END AVE APT 11C  
 City State Zip Code  
 NEW YORK NY 10023-8123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STROOCK & STROOCK & LAWYERS LAWYER  
 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  
 07 23 2012  
**Transaction ID : SA11.1523**  
 Amount of Each Receipt this Period  
 200.00  
 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: PAGE 15 OF 66  
(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)  
**MR. JEFFREY A. LALONDE**  
 Mailing Address 208 WELLSFORD DRIVE  
 City State Zip Code  
 GOSHEN CT 06756-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 TORRINGTON SAVINGS BANK BANKER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 16 2012  
**Transaction ID : SA11.1502**  
 Amount of Each Receipt this Period  
 125.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LEORA R. LEVY**  
 Mailing Address 59 PECKSLAND RD  
 City State Zip Code  
 GREENWICH CT 06831-3711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 N/A HOMEMAKER  
 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  
 07 16 2012  
**Transaction ID : SA11.1496**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN LUTZ**  
 Mailing Address 862 SCIOTO DR  
 City State Zip Code  
 FRANKLIN LAKES NJ 07417-2822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MCDERMOTT WILLS & EMERY LLP ATTORNEY  
 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  
 07 16 2012  
**Transaction ID : SA11.1492**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

1625.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 66
	<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)  
**DAVID L. MATHUS**

Mailing Address 111 EAST 80TH ST APT 2A

City NEW YORK State NY Zip Code 10075-0350

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

Name of Employer MCDERMOTT WILL EMERY LLP Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : SA11.1526**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

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

Mailing Address 22 JEFFERSON RD

City SCARSDALE State NY Zip Code 10583-6412

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  
290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11.1539**

Amount of Each Receipt this Period  
 145.00

CONTRIBUTION

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

Mailing Address 22 JEFFERSON RD

City SCARSDALE State NY Zip Code 10583-6412

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  
290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2012

**Transaction ID : SA11.1540**

Amount of Each Receipt this Period  
 145.00

CONTRIBUTION

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

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

1790.00



**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 66
	<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. ANN M. MCKINNEY**

Mailing Address **37 SAW MILL ROAD**

City **LITCHFIELD** State **CT** Zip Code **06759-2001**

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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.1503**

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

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

Mailing Address **215 WELLSFORD ROAD  
P.O. BOX 946**

City **GOSHEN** State **CT** Zip Code **06756-1904**

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

Name of Employer **LOGAN AND MENCUCINI** Occupation **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  
**07 / 03 / 2012**

**Transaction ID : SA11.1463**

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

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

Mailing Address **21 S. END AVE. PH-1D**

City **NEW YORK** State **NY** Zip Code **10280-1070**

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 **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.1499**

Amount of Each Receipt this Period  
**300.00**  
 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 18 OF 66
	<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)  
**LINDA Z. MUNGER**

Mailing Address 16 KNOLLWOOD DR

City GREENWICH State CT Zip Code 06830-4733

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  
 07 / 05 / 2012

**Transaction ID : SA11.1445**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 9 DICKINSON COURT

City LITCHFIELD State CT Zip Code 06759-3312

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

Name of Employer PUTNEY, TWOMBLY, HALL AND HIRSON 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  
 07 / 11 / 2012

**Transaction ID : SA11.1459**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSE W. NOYES**

Mailing Address 12 HERB ROAD

City SHARON State CT Zip Code 06069-2326

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  
 07 / 18 / 2012

**Transaction ID : SA11.1507**

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 19 OF 66
	<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)  
**MRS. KAREN NUGENT**

Mailing Address 334 SOUTH ST  
P.O. BOX 1588

City LITCHFIELD State CT Zip Code 06759-4008

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

Name of Employer THE FORMAN SCHOOL Occupation REGISTERED NURSE

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  
 07 / 03 / 2012

**Transaction ID : SA11.1461**

Amount of Each Receipt this Period  
 CONTRIBUTION **25.00**

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

Mailing Address 334 SOUTH ST  
P.O. BOX 1588

City LITCHFIELD State CT Zip Code 06759-4008

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

Name of Employer THE FORMAN SCHOOL Occupation REGISTERED NURSE

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  
 07 / 03 / 2012

**Transaction ID : SA11.1462**

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

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

Mailing Address 70 CARRIAGE LANE

City LITCHFIELD State CT Zip Code 06759-2327

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 **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 03 / 2012

**Transaction ID : SA11.1465**

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

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

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

**625.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 66
	<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 N. PERKINS**

Mailing Address **5 CONBOY HEIGHTS**

City **KENT** State **CT** Zip Code **06757-1427**

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

Name of Employer **SELF** Occupation **SELF-EMPLOYED**

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  
**07 / 25 / 2012**

**Transaction ID : SA11.1550**

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

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM F. PLUNKETT JR.**

Mailing Address **45 BENEDICT AVE**

City **TARRYTOWN** State **NY** Zip Code **10591-4131**

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 **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : SA11.1512**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. G. RICHARD REIS**

Mailing Address **119 BRYNMOOR CT**

City **GOSHEN** State **CT** Zip Code **06756-2135**

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 **575.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 03 / 2012**

**Transaction ID : SA11.1460**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

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

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

**1650.00**

**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 66
	<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)  
**ANNABELLE ROBBINS**

Mailing Address **3 HYERDALE COURT**

City **GOSHEN** State **CT** Zip Code **06756-1718**

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 **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 16 / 2012**

**Transaction ID : SA11.1541**

Amount of Each Receipt this Period  
**350.00**  
 CONTRIBUTION

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

Mailing Address **791 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10021-3513**

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

Name of Employer **TREVI MGMT LLP** Occupation **INVESTMENTS**

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  
**07 / 18 / 2012**

**Transaction ID : SA11.1510**

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

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

Mailing Address **P.O. BOX 96  
397 WEST HYERDALE DR.**

City **GOSHEN** State **CT** Zip Code **06756-0096**

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  
**07 / 16 / 2012**

**Transaction ID : SA11.1546**

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: PAGE 22 OF 66  
(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)  
**JEAN WEINBERG ROSE**

Mailing Address 535 LAKE AVENUE

City GREENWICH State CT Zip Code 06830-3831

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  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 23 / 2012

**Transaction ID : SA11.1522**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. BYRON J. ROUND D.M.D.**

Mailing Address P.O. BOX 1333

City LITCHFIELD State CT Zip Code 06759-1333

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  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012

**Transaction ID : SA11.1481**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

CONTRIBUTION

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

Mailing Address 218 E HYERDALE DR

City GOSHEN State CT Zip Code 06756-1900

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

Name of Employer SELF EMPLOYED Occupation INVESTOR

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  
 07 / 03 / 2012

**Transaction ID : SA11.1466**

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

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 23 OF 66
	<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. STEVEN D. STAUGAITIS**

Mailing Address 1 GALE ANN DRIVE

City State Zip Code  
BROOKFIELD CT 06804

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UMASS MEDICAL SCHOOL PSYCHOLOGIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2012

**Transaction ID : SA11.1495**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 1712 TORRINGTON STREET

City State Zip Code  
TORRINGTON CT 06790

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
THE TORRINGTON WATER COMPANY EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : SA11.1480**

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 144 CHESTNUT HILL ROAD

City State Zip Code  
TORRINGTON CT 06790-4201

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
T & M BUILDING HOMEBUILDER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 25 / 2012

**Transaction ID : SA11.1554**

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 24 OF 66
	<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)  
**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 **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

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  
**07 / 11 / 2012**

**Transaction ID : SA11.1458**

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

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

Mailing Address **4 GREEN ACRES ROAD**

City **HARWINTON** State **CT** Zip Code **06791-1122**

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  
**07 / 16 / 2012**

**Transaction ID : SA11.1494**

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

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

Mailing Address **33 WEST HYDERDALE DR.**

City **GOSHEN** State **CT** Zip Code **06756-1802**

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

Name of Employer **TURRI INC** Occupation **EXECUTIVE**

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  
**07 / 05 / 2012**

**Transaction ID : SA11.1446**

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

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

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

**1375.00**



**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 66
	<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 WYATT UHLEIN**

Mailing Address 19 SAW MILL ROAD

City LITCHFIELD State CT Zip Code 06759-2001

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 **875.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2012

**Transaction ID : SA11.1518**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES HIRAM UPSON III**

Mailing Address 141 SHEARER RD

City WASHINGTON State CT Zip Code 06793-1012

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 **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 11 / 2012

**Transaction ID : SA11.1457**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address 183 WALNUT STREET

City BROOKLINE State MA Zip Code 02445-6728

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2970.07**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2012

**Transaction ID : SA11.1571**

Amount of Each Receipt this Period  
 470.07  
 CONTRIBUTION

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

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

**820.07**

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

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

FOR LINE NUMBER: PAGE 26 OF 66  
(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)  
**ELIOT WADSWORTH**

Mailing Address **WHITE FLOWER FARM**  
**P.O. BOX 50**

City **LITCHFIELD** State **CT** Zip Code **06759-0050**

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

Name of Employer **WHITE FLOWER FARM** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2970.07**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 14 / 2012**

**Transaction ID : SA11.1570**

Amount of Each Receipt this Period  
**470.07**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALLAN D. WALKER**

Mailing Address **173 ALLYN ROAD**

City **GOSHEN** State **CT** Zip Code **06756-1313**

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  
**07 / 03 / 2012**

**Transaction ID : SA11.1464**

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

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

Mailing Address **138 BALDWIN HILL RD**

City **WASHINGTON DEPOT** State **CT** Zip Code **06794-1002**

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  
**07 / 16 / 2012**

**Transaction ID : SA11.1498**

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

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

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

**820.07**

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

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

FOR LINE NUMBER: PAGE 27 OF 66  
(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)  
**DOUGLAS W. WYATT**

Mailing Address **99 PARK AVENUE**

City **NEW YORK** State **NY** Zip Code **10016-1601**

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  
**07 / 18 / 2012**

**Transaction ID : SA11.1514**

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

**B.** Full Name (Last, First, Middle Initial)  
**STONEWALLS BY GEORGE, LLC**

Mailing Address **P.O. BOX 2306**

City **NEW PRESTON** State **CT** Zip Code **06777-0306**

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

Name of Employer Occupation

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  
**07 / 10 / 2012**

**Transaction ID : SA11.1455**

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

OWNER **JORGE CRIOLLO**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**500.00**

**29969.71**

**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 28 OF 66			
	<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 07 / 23 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 118.64 <b>Transaction ID : A145</b>
City Litchfield	State CT Zip Code 06759	
Purpose of Disbursement Reimburse mileage	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: 00		

Full Name (Last, First, Middle Initial) <b>B. Ross Brennan</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 359.40 <b>Transaction ID : A186</b>
City Litchfield	State CT Zip Code 06759	
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: 00		

Full Name (Last, First, Middle Initial) <b>C. Ross Brennan</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 684.80 <b>Transaction ID : A187</b>
City Litchfield	State CT Zip Code 06759	
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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1162.84
<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 29 OF 66			
	<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 07 / 10 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.38	
City Watertown	State CT	Zip Code 06795	Transaction ID : A182	
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: 00				

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>			Date of Disbursement MM / DD / YYYY 07 / 20 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.58	
City Watertown	State CT	Zip Code 06795	Transaction ID : A183	
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: 00				

Full Name (Last, First, Middle Initial) <b>c. Lawrence Fiano</b>			Date of Disbursement MM / DD / YYYY 07 / 25 / 2012	
Mailing Address 266 Boston Turnpike			Amount of Each Disbursement this Period 559.57	
City Bolton	State CT	Zip Code 06043	Transaction ID : A204	
Purpose of Disbursement Disbursement In-Kind Donation		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: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2860.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 66			
	<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 07 / 23 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 67.65 <b>Transaction ID : A144</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement mileage reimbursement	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: 00	

Full Name (Last, First, Middle Initial) <b>B. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 7.91 <b>Transaction ID : A1452</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Reimbursement Food	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: 00	

Full Name (Last, First, Middle Initial) <b>c. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 4 Blinkoff Road		Amount of Each Disbursement this Period 359.40 <b>Transaction ID : A190</b>
City Torrington	State CT	
Zip Code 06790	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	434.96
<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 31 OF 66			
	<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 07 / 20 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 684.80
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement payroll	Category/Type 001	<b>Transaction ID : A191</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Robert Kane</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00
City Watertown	State CT Zip Code 06795	
Purpose of Disbursement Campaign Manager Fee	Category/Type 001	<b>Transaction ID : A142</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Robert Kane</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00
City Watertown	State CT Zip Code 06795	
Purpose of Disbursement Campaign Manager Fee	Category/Type 001	<b>Transaction ID : A143</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2684.80
<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 32 OF 66	
	<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 07 / 25 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : A1451</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Campaign Manager 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: 00	

Full Name (Last, First, Middle Initial) <b>B. Madeleine King</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address 136 Old South Road		Amount of Each Disbursement this Period 377.40 <b>Transaction ID : A1921</b>
City Litchfield	State CT	
Zip Code 06759	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: 00	

Full Name (Last, First, Middle Initial) <b>c. Adam Kuegler</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address 1920 Litchfield Road		Amount of Each Disbursement this Period 188.70 <b>Transaction ID : A192</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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1566.10
<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 33 OF 66			
	<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 07 / 23 / 2012
Mailing Address 29 Highland Ave		Amount of Each Disbursement this Period 228.03 <b>Transaction ID : A106</b>
City Litchfield	State CT	
Zip Code 06750	Purpose of Disbursement mileage reimbursement	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: 00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 29 Highland Ave		Amount of Each Disbursement this Period 47.25 <b>Transaction ID : A107</b>
City Litchfield	State CT	
Zip Code 06759	Purpose of Disbursement Expense Reimbursement Food	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: 00	

Full Name (Last, First, Middle Initial) <b>C. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 29 Highland Ave		Amount of Each Disbursement this Period 754.80 <b>Transaction ID : A184</b>
City Litchfield	State CT	
Zip Code 06750	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1030.80
<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 34 OF 66			
	<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 07 / 20 / 2012
Mailing Address 29 Highland Ave		Amount of Each Disbursement this Period 754.80 <b>Transaction ID : A185</b>
City Litchfield State CT Zip Code 06750	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Robert Maddox</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 104 Deerwood Dr		Amount of Each Disbursement this Period 300.30 <b>Transaction ID : A108</b>
City Bethlehem State CT Zip Code 06751	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Robert Maddox</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 104 Deerwood Dr		Amount of Each Disbursement this Period 372.14 <b>Transaction ID : A109</b>
City Bethlehem State CT Zip Code 06751	Purpose of Disbursement Reimbursement Wood/stakes for signs Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1427.24
<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 35 OF 66			
	<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. Conor Maloney</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 32 Longview Road		Amount of Each Disbursement this Period 684.80
City Avon State CT Zip Code 06001	Purpose of Disbursement payroll	
Candidate Name	001 Category/Type	<b>Transaction ID : A194</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Conor Maloney</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 32 Longview Road		Amount of Each Disbursement this Period 359.40
City Avon State CT Zip Code 06001	Purpose of Disbursement payroll	
Candidate Name	001 Category/Type	<b>Transaction ID : A195</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 49 ALLYNDAL ROAD		Amount of Each Disbursement this Period 1123.00
City CANAAN State CT Zip Code 06018	Purpose of Disbursement payroll	
Candidate Name	001 Category/Type	<b>Transaction ID : A180</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2167.20
<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 36 OF 66			
	<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 07 / 24 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : A181</b>
City CANAAAN	State CT	
Purpose of Disbursement payroll	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>B. Emily Minacci</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address Marilyn Lane		Amount of Each Disbursement this Period 1043.75 <b>Transaction ID : A118</b>
City Canaan	State CT	
Purpose of Disbursement data entry	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

Full Name (Last, First, Middle Initial) <b>c. Louise Osbourne</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 21 Whitman Pond Road		Amount of Each Disbursement this Period 349.51 <b>Transaction ID : A129</b>
City Simsbury	State CT	
Purpose of Disbursement reimbursement for Food	Candidate Name	Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2516.26
<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 37 OF 66			
	<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**

**A. Tamara Tragakiss**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 HART DRIVE

City LITCHFIELD State CT Zip Code 06759

Purpose of Disbursement flowers, wrapping paper, candiy

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 07 / 23 / 2012

Amount of Each Disbursement this Period: 140.69

Transaction ID : A162

Category/Type: 003

**B. Annick Wadsworth**

Full Name (Last, First, Middle Initial)  
Mailing Address 22 Esthers Road

City Morris State CT Zip Code 06756

Purpose of Disbursement Disbursement of In-kind

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 07 / 14 / 2012

Amount of Each Disbursement this Period: 470.07

Transaction ID : A205

Category/Type: 001

**C. Elliot Wadsworth**

Full Name (Last, First, Middle Initial)  
Mailing Address 22 Esther Road

City Morris State CT Zip Code 06756

Purpose of Disbursement Disbursement of In-kind

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement: 07 / 14 / 2012

Amount of Each Disbursement this Period: 470.07

Transaction ID : A302

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 1080.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 66	
	<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. Action Sign</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 610 Migeon Ave.		Amount of Each Disbursement this Period 638.10 <b>Transaction ID : A300</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Signs	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: 00	

Full Name (Last, First, Middle Initial) <b>B. Adam Samartino</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address 32 City Hall		Amount of Each Disbursement this Period 906.00 <b>Transaction ID : A101</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Accountant	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: 00	

Full Name (Last, First, Middle Initial) <b>C. Alfredo's</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 60.62 <b>Transaction ID : A102</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Food/ Volunteers	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1604.72
<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 39 OF 66			
	<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. Alfredo's</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 60.61
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement Food Staff Lunch	Category/Type 001	<b>Transaction ID : A103</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: 00		

Full Name (Last, First, Middle Initial) <b>B. Alfredo's</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 44.66
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement food/Volunteers	Category/Type 001	<b>Transaction ID : A104</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: 00		

Full Name (Last, First, Middle Initial) <b>c. American Copy</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 252.45
City Waterbury	State CT Zip Code 06703	
Purpose of Disbursement Copier Supplies & Color Copies	Category/Type 001	<b>Transaction ID : A105</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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	357.72
<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 40 OF 66	
	<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 07 / 16 / 2012
Mailing Address P.O. Box 5082		Amount of Each Disbursement this Period 143.02
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Internet	<b>Transaction ID : A1071</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: 00		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 320 W Newberry Road		Amount of Each Disbursement this Period 12755.10
City Bloomfield	State CT	
Zip Code 06002	Purpose of Disbursement TV ADs	<b>Transaction ID : A111</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: 00		

Full Name (Last, First, Middle Initial) <b>c. Connecticut Light and Power</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. Box 150493		Amount of Each Disbursement this Period 127.70
City Hartford	State CT	
Zip Code 06115	Purpose of Disbursement Utilities	<b>Transaction ID : A110</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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13025.82
<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 41 OF 66	
	<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. Cox Communication</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 170 Utopia Road		Amount of Each Disbursement this Period 3000.00
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement TV Ads	<b>Transaction ID : A1121</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: 00		

Full Name (Last, First, Middle Initial) <b>B. CT Department of Labor</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. Box 2940		Amount of Each Disbursement this Period 843.15
City Hartford	State CT	
Zip Code 06104	Purpose of Disbursement unemployment	<b>Transaction ID : A196</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: 00		

Full Name (Last, First, Middle Initial) <b>c. CT Dept. of Revenue</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 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 : A112</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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3922.36
<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 42 OF 66			
	<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. CT Dept. of Revenue</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 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		Category/ Type 001	<b>Transaction ID : A1122</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: 00			

Full Name (Last, First, Middle Initial) <b>B. Direct Mailing</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 12450 Automobile Blvd			Amount of Each Disbursement this Period 10390.00
City Clearwater	State FL	Zip Code 33762	
Purpose of Disbursement Mailer and postage		Category/ Type 006	<b>Transaction ID : A116</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: 00			

Full Name (Last, First, Middle Initial) <b>c. Direct Mailing</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 12450 Automobile Blvd			Amount of Each Disbursement this Period 7070.32
City Clearwater	State FL	Zip Code 33762	
Purpose of Disbursement Mailer and postage		Category/ Type 006	<b>Transaction ID : A1161</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: 00			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17539.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 66			
	<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	
<b>A. Direct Mailing</b>		M M / D D / Y Y Y Y 07 / 19 / 2012	
Mailing Address 12450 Automobile Blvd		Amount of Each Disbursement this Period	
City Clearwater State FL Zip Code 33762		8438.89	
Purpose of Disbursement Mailer and postage		Transaction ID : A117	
Candidate Name		Category/Type 006	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Downtown Partner</b>		M M / D D / Y Y Y Y 07 / 03 / 2012	
Mailing Address Main Street		Amount of Each Disbursement this Period	
City Torrington State CT Zip Code 06790		985.00	
Purpose of Disbursement Rent 51 Water Street		Transaction ID : A1191	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District: 00		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Downtown Partner</b>		M M / D D / Y Y Y Y 07 / 05 / 2012	
Mailing Address Main Street		Amount of Each Disbursement this Period	
City Torrington State CT Zip Code 06790		1000.00	
Purpose of Disbursement Rent 47 Water Street		Transaction ID : A120	
Candidate Name		Category/Type 001	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10423.89
<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 44 OF 66			
	<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. FedEx</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 34.13 <b>Transaction ID : A119</b>
City Pittsburg	State PA	
Zip Code 15122	Purpose of Disbursement overnight mail	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: 00	

Full Name (Last, First, Middle Initial) <b>B. Goshenette</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address Route 4		Amount of Each Disbursement this Period 42.27 <b>Transaction ID : A125</b>
City Goshen	State CT	
Zip Code 06756	Purpose of Disbursement Food/ Beverage	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: 00	

Full Name (Last, First, Middle Initial) <b>C. IRS</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2012
Mailing Address		Amount of Each Disbursement this Period 981.41 <b>Transaction ID : A122</b>
City Andover	State MA	
Zip Code 05501	Purpose of Disbursement Payroll Liabilities	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1057.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 66			
	<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. IRS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>10</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		10		2012
M M	/	D D	/	Y Y Y Y									
07		10		2012									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code Andover MA 05501		<table border="1"> <tr> <td>135.60</td> </tr> </table>		135.60									
135.60													
Purpose of Disbursement Payroll liabilities		Transaction ID : A123											
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: 00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. IRS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		24		2012
M M	/	D D	/	Y Y Y Y									
07		24		2012									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code Andover MA 05501		<table border="1"> <tr> <td>1376.81</td> </tr> </table>		1376.81									
1376.81													
Purpose of Disbursement Payroll liabilities		Transaction ID : A124											
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: 00													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. IRS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		24		2012
M M	/	D D	/	Y Y Y Y									
07		24		2012									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code Andover MA 05501		<table border="1"> <tr> <td>71.20</td> </tr> </table>		71.20									
71.20													
Purpose of Disbursement Payroll liabilities		Transaction ID : A1261											
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: 00													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1583.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 66	
	<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. Kinetic Media</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2012
Mailing Address 303 5th Ave Suite 1902		Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : A126</b>
City New York	State NY	
Zip Code 10016	Purpose of Disbursement TV Ad Production	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: 00	

Full Name (Last, First, Middle Initial) <b>B. Litchfield County Promotions</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 821.90 <b>Transaction ID : A127</b>
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement imprinted balloons	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: 00	

Full Name (Last, First, Middle Initial) <b>C. Litchfield County Promotions</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 1356.32 <b>Transaction ID : A128</b>
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Jar Grips	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17178.22
<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 47 OF 66			
	<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. Lowes</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 420 Winsted Road		Amount of Each Disbursement this Period 143.79
City Torrington State CT Zip Code 06790	Purpose of Disbursement Fans	
Candidate Name	Category/Type 001	Transaction ID : A130
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. NBC 30 WWIT</b>		Date of Disbursement MM / DD / YYYY 07 / 20 / 2012
Mailing Address 1422 New Britain Ave		Amount of Each Disbursement this Period 8436.25
City West Hartford State CT Zip Code 06107	Purpose of Disbursement TV Ads	
Candidate Name	Category/Type 004	Transaction ID : A131
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Newtown Florist</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address 111 South Main Street		Amount of Each Disbursement this Period 67.52
City Newtown State CT Zip Code 06470	Purpose of Disbursement Flowers	
Candidate Name	Category/Type 007	Transaction ID : A1321
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8647.56
<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 48 OF 66			
	<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. Nicholas Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 35.00	
City Torrington	State CT	Zip Code 06790	Transaction ID : A132	
Purpose of Disbursement Food Volunteers		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: 00				

Full Name (Last, First, Middle Initial) <b>B. Nicholas Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 28.13	
City Torrington	State CT	Zip Code 06790	Transaction ID : A133	
Purpose of Disbursement Food Volunteers		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: 00				

Full Name (Last, First, Middle Initial) <b>C. Nicholas Pizza</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012	
Mailing Address Water Street			Amount of Each Disbursement this Period 48.00	
City Torrington	State CT	Zip Code 06790	Transaction ID : A134	
Purpose of Disbursement Food Volunteers		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: 00				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	111.13
<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 49 OF 66			
	<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. Nicholas Pizza</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 99.99 <b>Transaction ID : A135</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement Food Volunteers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Nicholas Pizza</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 40.15 <b>Transaction ID : A1351</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement Food Volunteers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Nicholas Pizza</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 43.28 <b>Transaction ID : A136</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement Food Volunteers Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	97.42
<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 50 OF 66	
	<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. Nicholas Pizza</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 53.02
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement Food Volunteers	Category/Type 001	<b>Transaction ID : A203</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: 00		

Full Name (Last, First, Middle Initial) <b>B. PierceZappi</b>		Date of Disbursement MM / DD / YYYY 07 / 16 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST		Amount of Each Disbursement this Period 7000.00
City FAIRFIELD	State CT Zip Code 06825	
Purpose of Disbursement Fundraising Consultant	Category/Type 003	<b>Transaction ID : A140</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: 00		

Full Name (Last, First, Middle Initial) <b>c. piryx</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 160.21
City SAN FRANCISCO	State CA Zip Code 94105	
Purpose of Disbursement credit card fees	Category/Type 003	<b>Transaction ID : A179</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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7213.23
<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 51 OF 66	
	<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 07 / 09 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period -16.80 <b>Transaction ID : A141</b>
City Philadelphia	State PA Zip Code 19101	
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: 00		

Full Name (Last, First, Middle Initial) <b>B. Reel Markteters</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2012
Mailing Address P.O. Box 1214		Amount of Each Disbursement this Period 8697.15 <b>Transaction ID : A202</b>
City Middlebury	State CT Zip Code 06762	
Purpose of Disbursement agency placement fee	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: 00		

Full Name (Last, First, Middle Initial) <b>C. RKL &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 07 / 25 / 2012
Mailing Address Winsted Road		Amount of Each Disbursement this Period 385.52 <b>Transaction ID : A1421</b>
City Winsted	State CT Zip Code 06098	
Purpose of Disbursement computer programming	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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9065.87
<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 52 OF 66	
	<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)  
**A. Rotary -Charity Golf Tournament**

Mailing Address c/o Brooker Memorial ATT: Cathy  
157 Litchfield Street

City Torrington State CT Zip Code 06790

Purpose of Disbursement Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  
 Other (specify)

Date of Disbursement 07 / 03 / 2012

Amount of Each Disbursement this Period 150.00

Transaction ID : A146

Category/Type 004

Full Name (Last, First, Middle Initial)  
**B. Secretary of State CT**

Mailing Address Trinity Street

City Hartford State CT Zip Code 06106

Purpose of Disbursement Voter List

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  
 Other (specify)

Date of Disbursement 07 / 09 / 2012

Amount of Each Disbursement this Period 300.00

Transaction ID : A147

Category/Type 001

Full Name (Last, First, Middle Initial)  
**c. Sir Speedy**

Mailing Address P.O. BOX 517

City THOMASTON State CT Zip Code 06787

Purpose of Disbursement Blank stock

Candidate Name

Office Sought:  House  Senate  President  
State: District: 00

Disbursement For:  Primary  General  
 Other (specify)

Date of Disbursement 07 / 06 / 2012

Amount of Each Disbursement this Period 36.64

Transaction ID : A1471

Category/Type 003

**SUBTOTAL** of Disbursements This Page (optional)..... 486.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 66			
	<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 07 / 06 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 241.95 <b>Transaction ID : A148</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement invite	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: 00	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 276.37 <b>Transaction ID : A149</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement invitation postcard	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: 00	

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 196.08 <b>Transaction ID : A1491</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Postcard Dear Friend	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	714.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 66	
	<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 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 152.43 <b>Transaction ID : A150</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement event postcards	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: 00	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 703.95 <b>Transaction ID : A151</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement event postcards	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: 00	

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 941.81 <b>Transaction ID : A153</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1798.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 66			
	<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 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 7.89
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement copies	<b>Transaction ID : A154</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: 00		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 124.79
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement	<b>Transaction ID : A155</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: 00		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 07 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 228.51
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement	<b>Transaction ID : A156</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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	361.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 66	
	<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 07 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 44.67
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Candidate Name	Transaction ID : A157
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: 00	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period -0.27
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Blank stock	Transaction ID : A200
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: 00		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 04 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 133.97
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Office Supplies	Transaction ID : A158
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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	178.37
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 66			
	<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 07 / 03 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 38.26
City Torrington State CT Zip Code 06790	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	<b>Transaction ID : A1581</b>

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 148.88
City Torrington State CT Zip Code 06790	Purpose of Disbursement office Supplies Candidate Name Category/Type 001	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	<b>Transaction ID : A159</b>

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 243.01
City Torrington State CT Zip Code 06790	Purpose of Disbursement software and office supplies Candidate Name Category/Type 001	
Office Sought: House Senate President State: District: 00	Disbursement For: Primary General Other (specify)	<b>Transaction ID : A1591</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	430.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 66			
	<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 07 / 23 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 317.14 <b>Transaction ID : A1592</b>
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: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Stop &amp; Shop</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2012
Mailing Address 211 High Street		Amount of Each Disbursement this Period 83.51 <b>Transaction ID : A160</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement Beverages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Stop &amp; Shop</b>		Date of Disbursement MM / DD / YYYY 07 / 19 / 2012
Mailing Address 211 High Street		Amount of Each Disbursement this Period 76.52 <b>Transaction ID : A1601</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement Beverages Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	317.14
<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 59 OF 66			
	<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. Tallulah Catering LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012		
Mailing Address 178 Andover Drive			Amount of Each Disbursement this Period 1056.85		
City West Hartford	State CT	Zip Code 06110	Transaction ID : A161		
Purpose of Disbursement Food Fundraising event		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: 00					

Full Name (Last, First, Middle Initial) <b>B. The Inn at Newtown</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012		
Mailing Address 19 Main Street			Amount of Each Disbursement this Period 200.00		
City Newtown	State CT	Zip Code 06470	Transaction ID : A1621		
Purpose of Disbursement Deposit		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: 00					

Full Name (Last, First, Middle Initial) <b>c. The Inn at Newtown</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012		
Mailing Address 19 Main Street			Amount of Each Disbursement this Period 892.93		
City Newtown	State CT	Zip Code 06470	Transaction ID : A1622		
Purpose of Disbursement Event Expense Food		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: 00					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2149.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 66			
	<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 Party Store</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 16.54 <b>Transaction ID : A1361</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement helium Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. The Party Store</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 132.12 <b>Transaction ID : A139</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement paper for meet and greet Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Top Shelf Liquors</b>		Date of Disbursement MM / DD / YYYY 07 / 02 / 2012
Mailing Address 300 New Britian Ave		Amount of Each Disbursement this Period 218.24 <b>Transaction ID : A163</b>
City Berlin State CT Zip Code 06037	Purpose of Disbursement liquor for Fundraising event Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	366.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 66			
	<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. Town of Warren</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 50 Cemetery Road		Amount of Each Disbursement this Period 18.40
City Warren	State CT Zip Code 06754	
Purpose of Disbursement Copies of lists	Candidate Name	<b>Transaction ID : A1631</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster Waterbury</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 135 Grand Street		Amount of Each Disbursement this Period 239.47
City Waterbury	State CT Zip Code 06701	
Purpose of Disbursement postage	Candidate Name	<b>Transaction ID : A168</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type 001	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster Waterbury</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 135 Grand Street		Amount of Each Disbursement this Period 2036.35
City Waterbury	State CT Zip Code 06701	
Purpose of Disbursement postage	Candidate Name	<b>Transaction ID : A169</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District: 00	Category/Type 001	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2294.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 66	
	<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 07 / 16 / 2012
Mailing Address 135 Grand Street		Amount of Each Disbursement this Period 446.70 <b>Transaction ID : A170</b>
City Waterbury	State CT	
Zip Code 06701	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: 00	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster Waterbury</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address 135 Grand Street		Amount of Each Disbursement this Period 319.75 <b>Transaction ID : A171</b>
City Waterbury	State CT	
Zip Code 06701	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: 00	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 985.00 <b>Transaction ID : A172</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement postage	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: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1751.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 66	
	<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 Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 675.00 <b>Transaction ID : A1721</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement postage Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 770.00 <b>Transaction ID : A1722</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement postage Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Waterbury Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2012
Mailing Address 83 Bank Street		Amount of Each Disbursement this Period 55.00 <b>Transaction ID : A173</b>
City Waterbury State CT Zip Code 06702	Purpose of Disbursement Luncheon fee Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<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 64 OF 66	
	<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. WFSB</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2012
Mailing Address 333 Capital Blvd		Amount of Each Disbursement this Period 8500.00
City Rocky Hill	State CT Zip Code 06067	
Purpose of Disbursement TV Ads	Category/Type 004	<b>Transaction ID : A174</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: 00		

Full Name (Last, First, Middle Initial) <b>B. WTIC 61</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address 285 Broad Street		Amount of Each Disbursement this Period 21.25
City Hartford	State CT Zip Code 06115	
Purpose of Disbursement TV Ads	Category/Type 004	<b>Transaction ID : A177</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: 00		

Full Name (Last, First, Middle Initial) <b>C. WTIC 61</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 285 Broad Street		Amount of Each Disbursement this Period 8500.00
City Hartford	State CT Zip Code 06115	
Purpose of Disbursement TV Ads	Category/Type 004	<b>Transaction ID : A1771</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: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17021.25
<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 65 OF 66	
	<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. WTNH</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 8 Elm Street		Amount of Each Disbursement this Period 8521.25
City New Haven	State CT	
Zip Code 06501	Purpose of Disbursement TV ADS	<b>Transaction ID : A178</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: 00		

Full Name (Last, First, Middle Initial) <b>B. Brookfield Republican Town Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2012
Mailing Address 7 Red Barn Road		Amount of Each Disbursement this Period 50.00
City Brookfield	State CT	
Zip Code 06804	Purpose of Disbursement Ad Booklet	<b>Transaction ID : A1091</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: 00		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name		
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).....	8571.25
<b>TOTAL</b> This Period (last page this line number only).....	146700.66

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Frieda Braun</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2012	
Mailing Address 18 Parker Hill			Amount of Each Disbursement this Period 200.00	
City Brookfield	State CT	Zip Code 06804	Transaction ID : A121	
Purpose of Disbursement Refund of Contributions		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: 00				

Full Name (Last, First, Middle Initial) <b>B.</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:				

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).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	200.00