



**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))....	213054.23	1599197.74
(b) Total Contribution Refunds (from Line 20(d)) .....	150.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	212904.23	1598847.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	405504.03	1462348.72
(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)).....	405504.03	1462348.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10165.55	
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).....	25000.00	

**For further information contact:**

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

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

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

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

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

**I. RECEIPTS**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of <input type="text" value="MM 11"/> / <input type="text" value="DD 06"/> / <input type="text" value="YYYY 2012"/> (date of general election)	<b>COLUMN C</b> Total for <input type="text" value="MM 11"/> / <input type="text" value="DD 07"/> / <input type="text" value="YYYY 2012"/> (date after general election)  through <input type="text" value="MM 11"/> / <input type="text" value="DD 26"/> / <input type="text" value="YYYY 2012"/> (last day of reporting period)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="105424.33"/>	<input type="text" value="1186042.62"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="21713.12"/>	<input type="text" value="141359.92"/>	<input type="text" value="275.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="127137.45"/>	<input type="text" value="1327402.54"/>	<input type="text" value="275.00"/>
(b) Political Party Committees		
<input type="text" value="6200.00"/>	<input type="text" value="21700.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="79716.78"/>	<input type="text" value="250095.20"/>	<input type="text" value="5000.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 141

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
213054.23	1599197.74	5275.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	25000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	25000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
213054.23	1624197.74	5275.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 141

Write or Type Committee Name

Roraback for Congress

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
405504.03	1462348.72	96912.14
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
150.00	350.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 141

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
150.00	350.00	0.00
21. OTHER DISBURSEMENTS		
29.39	7529.39	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
405683.42	1470228.11	96912.14

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

212904.23	1598847.74	5275.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

405504.03	1462348.72	96912.14
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	202794.74
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	213054.23
25. SUBTOTAL (add Line 23 and Line 24).....	415848.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	405683.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	10165.55

**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 141
	<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)  
**ERIC ALBERT**

Mailing Address 128 COUGHLIN DR

City SOUTHBURY State CT Zip Code 06488-1156

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

Name of Employer ALBERT BROS, INC Occupation PRESIDENT

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  
 10 / 31 / 2012

**Transaction ID : SA11.3496**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. HOWARD L. ALLER**

Mailing Address 95 INTERLAKEN RD

City LAKEVILLE State CT Zip Code 06039-2122

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : SA11.3353**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 61 ABOVE ALL RD

City WARREN State CT Zip Code 06754-1710

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

Name of Employer ABOVE ALL ADVISORS Occupation CONSULTANT

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  
 10 / 29 / 2012

**Transaction ID : SA11.3489**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 141
	<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)  
**TIMOTHY J. ARBORIO**

Mailing Address 49 PATRIOT LANE

City WETHERSFIELD State CT Zip Code 06109-3989

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

Name of Employer ARBORIO CORPORATION Occupation CONTRACTOR

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  
 10 / 19 / 2012

**Transaction ID : SA11.3615**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVE Z. ARDUSSI**

Mailing Address 8 PEACH ORCHARD LANE

City BANTAM State CT Zip Code 06750-1308

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

Name of Employer SELF EMPLOYED Occupation INSURANCE BROKER

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  
 10 / 28 / 2012

**Transaction ID : SA11.3356**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

Mailing Address 8 PEACH ORCHARD LANE

City BANTAM State CT Zip Code 06750-1308

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

Name of Employer SELF EMPLOYED Occupation INSURANCE BROKER

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  
 11 / 03 / 2012

**Transaction ID : SA11.3584**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 141
	<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)  
**PETER K. ASKHAM**

Mailing Address 5 BRANCH BROOK DR

City State Zip Code  
SIMSBURY CT 06070-1910

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

Name of Employer Occupation  
J.H. COHN LLP CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.3340**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SEAN PATRICK ASKHAM**

Mailing Address 29 RIVERWALK DR

City State Zip Code  
WEATOGUE CT 06089-9624

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

Name of Employer Occupation  
TRAVELERS INSURANCE UNDERWRITER

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  
10 / 26 / 2012

**Transaction ID : SA11.3339**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 99 LAKE RD

City State Zip Code  
BANTAM CT 06750

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

Name of Employer Occupation  
BANTAM FUEL PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3628**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 52 HEADQUARTERS RD

City LITCHFIELD State CT Zip Code 06759-2114

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  
 11 / 05 / 2012

**Transaction ID : SA11.3652**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP BALDWIN**

Mailing Address 4408 HAZARD

City HOUSTON State TX Zip Code 77098-4214

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

Name of Employer BAYLOR COLLEGE OF MEDICINE Occupation SCIENTIST

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  
 10 / 23 / 2012

**Transaction ID : SA11.3229**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

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

Mailing Address PO BOX 1584

City LITCHFIELD State CT Zip Code 06759-1584

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

Name of Employer SPECTRUM CAPITAL, LTD Occupation EXECUTIVE ASSISTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.3480**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

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

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

200.00

**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 11 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 292 PILGRIM LANE

City SOUTHINGTON State CT Zip Code 06489-1327

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

Name of Employer MECHANICAL CONTRACTORS ASSOCIATION Occupation EXECUTIVE VP

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  
 10 / 27 / 2012

**Transaction ID : SA11.3533**

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

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT D. BELDEN JR.**

Mailing Address 7 RED BARN LANE

City BROOKFIELD State CT Zip Code 06804-3700

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

Name of Employer IBM Occupation BUSINESS DEVELOPMENT

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  
 10 / 22 / 2012

**Transaction ID : SA11.3188**

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

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

Mailing Address 49 NORFOLK ROAD

City LITCHFIELD State CT Zip Code 06759-2513

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

Name of Employer SELF Occupation OPTOMETRIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.3423**

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

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 141
	<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)  
**ADDO E. BONETTI**

Mailing Address 142 HOMESTEAD RD

City State Zip Code  
TORRINGTON CT 06790-4414

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3626**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** 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  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.3408**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address P.O. BOX 187

City State Zip Code  
POMFRET CENTER CT 06259-0187

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : SA11.3189**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 141
	<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)  
**RICHARD A. BOOTH**

Mailing Address P.O. BOX 187

City POMFRET CENTER State CT Zip Code 06259-0187

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 **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.3426**

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

**B.** Full Name (Last, First, Middle Initial)  
**MARIA BORGHESI**

Mailing Address PO BOX 689

City TORRINGTON State CT Zip Code 06790-0689

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

Name of Employer HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2012**

**Transaction ID : SA11.3386**

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

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

Mailing Address 71 SOUTH STREET  
P.O. BOX 1855

City LITCHFIELD State CT Zip Code 06759-4005

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.3668**

Amount of Each Receipt this Period  
**500.00**  
 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 14 OF 141
	<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)  
**MICHAEL A. BOZZUTO**

Mailing Address 15 RIDGECREST LANE

City AVON State CT Zip Code 06001-2876

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

Name of Employer BOZZUTO'S INC Occupation CO EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11.3245**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MALCOLM E. BRAMLEY**

Mailing Address 4150 TORRINGFORD ST

City TORRINGTON State CT Zip Code 06790-2320

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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.3385**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 42 E. CHESTNUT HILL ROAD

City LITCHFIELD State CT Zip Code 06759-4121

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

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

**Transaction ID : SA11.3643**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 348 PATTONWOOD DR

City SOUTHINGTON State CT Zip Code 06489-1615

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

Name of Employer BRECKEN RIDGE INSURANCE GROUP Occupation INSURANCE

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  
 10 / 26 / 2012

**Transaction ID : SA11.3294**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 50 APPLE LANE

City ROXBURY State CT Zip Code 06783-1624

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

Name of Employer TECH MARRIOJS Occupation INVESTOR

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  
 10 / 27 / 2012

**Transaction ID : SA11.3454**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 80 ELM ST

City NEW HAVEN State CT Zip Code 06510-2011

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012

**Transaction ID : SA11.3616**

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 16 OF 141
	<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)  
**NANCY CAPPELLO**

Mailing Address 96 ROWLEY RD

City: WOODBURY State: CT Zip Code: 06798-2312

FEC ID number of contributing federal political committee: C

Name of Employer: SELF EMPLOYED Occupation: CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 11 / 04 / 2012

**Transaction ID : SA11.3526**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 205 WHISCONIER RD P.O. BOX 5188

City: BROOKFIELD State: CT Zip Code: 06804-5188

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: 3250.00

Date of Receipt: 11 / 05 / 2012

**Transaction ID : SA11.3617**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 290 NORTHFIELD RD

City: LITCHFIELD State: CT Zip Code: 06759-3715

FEC ID number of contributing federal political committee: C

Name of Employer: S. CARPENTER CONST Occupation: OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 540.00

Date of Receipt: 11 / 03 / 2012

**Transaction ID : SA11.3658**

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>DAVID E. A CARSON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012	
Mailing Address 1 GOLD ST 23A		<b>Transaction ID : SA11.3540</b>	
City HARTFORD	State CT	Zip Code 06103-2932	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>DAN CARTER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012	
Mailing Address 4 RECTOR ST		<b>Transaction ID : SA11.3552</b>	
City BETHEL	State CT	Zip Code 06801-2512	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer STATE OF CONNECTICUT	Occupation STATE REPRESENTATIVE		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>JAMES CHANDLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2012	
Mailing Address 50 CENTRAL PARK WEST, APT 16		<b>Transaction ID : SA11.3073</b>	
City NEW YORK	State NY	Zip Code 10023-6006	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer STJ ADVISORS	Occupation FINANCE		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1250.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 141
	<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**

Full Name (Last, First, Middle Initial) <b>DAVID CHAPMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 19 JENDA WAY		<b>Transaction ID : SA11.3549</b>
City MADISON	State CT	Zip Code 06443-1780
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer BLAKESLEE ARPAIA CHAPMAN	Occupation CIVIL ENGINEER	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>ROGER S. CHAPMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 118 HAMMONASSETT MEADOW RD		<b>Transaction ID : SA11.3451</b>
City MADISON	State CT	Zip Code 06443-2010
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00 CONTRIBUTION	
Name of Employer BLAKESLEE ARPAIA CHAPMAN	Occupation PRESIDENT	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>LAWTON A. CHENEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2012
Mailing Address 5208 CHANDLER ST		<b>Transaction ID : SA11.3660</b>
City BETHESDA	State MD	Zip Code 20814-2865
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00 CONTRIBUTION	
Name of Employer SELF EMPLOYED	Occupation INTERNET	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 141
	<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)  
**JEANNETTE CHING**

Mailing Address P.O. BOX 953

City LITCHFIELD State CT Zip Code 06759-0953

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2012**

**Transaction ID : SA11.3578**

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

**B.** Full Name (Last, First, Middle Initial)  
**TAESUN P. CHUNG**

Mailing Address 153 TAUNTON HILL RD

City NEWTOWN State CT Zip Code 06470-1794

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 25 / 2012**

**Transaction ID : SA11.3334**

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

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

Mailing Address 71 HUNTERS RIDGE

City ROCKY HILL State CT Zip Code 06067-1742

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

Name of Employer CAPITOL STRATEGIES GROUP, LLC Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

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

**Transaction ID : SA11.3558**

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

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**CONSTANCE M. CLARK**

Mailing Address 48 O'MEARA FARM DR

City State Zip Code  
FARMINGTON CT 06032-2060

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3331**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CONSTANCE M. CLARK**

Mailing Address 48 O'MEARA FARM DR

City State Zip Code  
FARMINGTON CT 06032-2060

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3360**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES C. COLLIAS M.D.**

Mailing Address 16 RILLBANK TERRACE

City State Zip Code  
WEST HARTFORD CT 06107-1031

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.3530**

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 21 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JEFF COOK**

Mailing Address **99 MAIN ST**

City **COLD SPRING** State **NY** Zip Code **10516-2810**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2012**

**Transaction ID : SA11.3278**

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

**B.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN L. COOLIDGE**

Mailing Address **180 SOUTH STREET**  
**P.O. BOX 1860**

City **LITCHFIELD** State **CT** Zip Code **06759-4006**

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  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.3472**

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

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

Mailing Address **143 OENOKE RIDGE RD**

City **NEW CANAAN** State **CT** Zip Code **06840**

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  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 28 / 2012**

**Transaction ID : SA11.3371**

Amount of Each Receipt this Period  
**500.00**  
 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 22 OF 141
	<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. JEANNE Z. DANAHER**

Mailing Address P.O. BOX 1857

City State Zip Code  
LITCHFIELD CT 06759-1857

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1835.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11.3466**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RAYMOND DEBBANE**

Mailing Address 10 QUAIL RD

City State Zip Code  
GREENWICH CT 06831-3369

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

Name of Employer Occupation  
THE INVUS GROUP LLC CEO PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : SA11.3332**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 2820 WILDERNESS RD

City State Zip Code  
WEST PALM BEACH FL 33409-2027

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

Name of Employer Occupation  
TWP INC REAL ESTATE MGT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
333.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.3238**

Amount of Each Receipt this Period  
333.00  
CONTRIBUTION

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

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

2933.00

**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 141
	<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)  
**TIMOTHY J. DEVANNEY**

Mailing Address **70 PORTER STREET**

City **MANCHESTER** State **CT** Zip Code **06040-5438**

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

Name of Employer **HIGHLAND PARK MARKET** Occupation **RETAIL GROCER**

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  
**11 / 03 / 2012**

**Transaction ID : SA11.3634**

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

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

Mailing Address **28 LINCOLN LANE**

City **WEATOGUE** State **CT** Zip Code **06089-9780**

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

Name of Employer **TOWN OF SIMSBURY** Occupation **REGISTRAR**

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  
**10 / 26 / 2012**

**Transaction ID : SA11.3297**

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

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

Mailing Address **10 EAST 67TH ST**

City **NEW YORK** State **NY** Zip Code **10065-5805**

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

Name of Employer **SELF EMPLOYED** Occupation **PHILANTHROPIST**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 22 / 2012**

**Transaction ID : SA11.3228**

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

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

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

**2650.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH DIMENNA**

Mailing Address 10 EAST 67TH ST

City NEW YORK State NY Zip Code 10065-5805

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

Name of Employer ZWEIG DIMENNA ASSOCIATES LLC Occupation INVESTMENTS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11.3227**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 73 SCOVILLE RD

City WEST CORNWALL State CT Zip Code 06796-1217

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

Name of Employer DOLINSKY ASSOCIATES Occupation CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11.3329**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 73 SCOVILLE RD

City WEST CORNWALL State CT Zip Code 06796-1217

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

Name of Employer DOLINSKY ASSOCIATES Occupation CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2450.00

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

**Transaction ID : SA11.3557**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3000.00

**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 141
	<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)  
**CATHERINE J. DOYLE**

Mailing Address **PO BOX 856**  
**29 CAMP DUTTON RD**

City **LITCHFIELD** State **CT** Zip Code **06759-0856**

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  
**11 / 03 / 2012**

**Transaction ID : SA11.3666**

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

**B.** Full Name (Last, First, Middle Initial)  
**MRS. CHARLOTTE B. DOYLE**

Mailing Address **46 CURTISS HILL RD**

City **LAKESIDE** State **CT** Zip Code **06758-1032**

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

Name of Employer **SELF EMPLOYED** Occupation **VETERINARIAN**

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  
**10 / 19 / 2012**

**Transaction ID : SA11.3158**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. ARTHUR J. DUBOIS JR.**

Mailing Address **PO BOX 589**

City **WASHINGTON DEPOT** State **CT** Zip Code **06794-0589**

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

Name of Employer **NVCC** Occupation **HR DIRECTOR**

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  
**10 / 29 / 2012**

**Transaction ID : SA11.3481**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 141
	<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. WILLIAM W. DUNKIN III**

Mailing Address 153 W. HYERDALE DR

City State Zip Code  
GOSHEN CT 06756-1706

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**325.00**

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

**Transaction ID : SA11.3646**

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

**B.** Full Name (Last, First, Middle Initial)  
**PHILIP R. DUNN JR.**

Mailing Address 14 GREENCREST DR

City State Zip Code  
FARMINGTON CT 06032-3150

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

Name of Employer Occupation  
JACKSON O'KEEFE ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**410.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : SA11.3119**

Amount of Each Receipt this Period  
**60.00**  
 CONTRIBUTION

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

Mailing Address 34 LINCOLN LA

City State Zip Code  
SIMSBURY CT 06070-3014

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : SA11.3203**

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

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

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

**410.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 141
	<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)  
**J. MICHAEL EISNER**

Mailing Address 312 OLIVER RD

City NEW HAVEN State CT Zip Code 06515-2740

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

Name of Employer EISNER & LUGLI Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : SA11.3534**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN B. FAHEY JR.**

Mailing Address 29 CAMP DUTTON ROAD  
P.O. BOX 856

City LITCHFIELD State CT Zip Code 06759-4109

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

Name of Employer FAHEY REALTORS Occupation REALTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.3422**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

Mailing Address 145 SABBADAY LANE

City WASHINGTON DEPOT State CT Zip Code 06794-1221

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012

**Transaction ID : SA11.3136**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 141
	<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)  
**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  
550.00

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

**Transaction ID : SA11.3556**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

Mailing Address 317 GOSHEN ROAD

City LITCHFIELD State CT Zip Code 06759-2404

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3657**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 24 FOX RUN

City SHERMAN State CT Zip Code 06784-1741

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

Name of Employer SELF EMPLOYED Occupation MANAGEMENT

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  
10 / 19 / 2012

**Transaction ID : SA11.3144**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address **8 ARBOR DR**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.3474**

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

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

Mailing Address **1620 22ND ST NW**

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

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : SA11.3606**

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

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

Mailing Address **188 E 78TH ST**

City **NEW YORK** State **NY** Zip Code **10075-0533**

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

Name of Employer **NONE** Occupation **NONE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2095.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2012**

**Transaction ID : SA11.3491**

Amount of Each Receipt this Period  
**2095.00**  
 CONTRIBUTION

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

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

**2595.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**RUSSELL FUCHS**

Mailing Address 975 BANKS RD N

City State Zip Code  
FAIRFIELD CT 06824

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.3554**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CLEVE FUESSENICH**

Mailing Address 56 CAMP DUTTON RD

City State Zip Code  
LITCHFIELD CT 06759-4108

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

Name of Employer Occupation  
SELF EMPLOYED REAL ESTATE

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  
11 / 04 / 2012

**Transaction ID : SA11.3528**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DIEM-HONG GALLO**

Mailing Address 56 FLANDERS RD

City State Zip Code  
EAST HAMPTON CT 06424-1606

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2012

**Transaction ID : SA11.3222**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 141
	<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)  
**JOSEPH GELORMINO**

Mailing Address 122 LEXINGTON AVE.

City State Zip Code  
TORRINGTON CT 06790-3483

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3630**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFF GENDELL**

Mailing Address 9 PERKINS RD

City State Zip Code  
GREENWICH CT 06830-3510

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

Name of Employer Occupation  
TONTINE ASSOCIATES LLC INVESTMENT MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 24 / 2012

**Transaction ID : SA11.3240**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 9 CONYERS FARM DR

City State Zip Code  
GREENWICH CT 06831-2736

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 22 / 2012

**Transaction ID : SA11.3195**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 141
	<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)  
**JANICE RAYNOR GIEGLER**

Mailing Address 10 OLD HAYRAKE RD

City DANBURY State CT Zip Code 06811-3648

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

Name of Employer STATE OF CONNECTICUT Occupation STATE REPRESENTATIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : SA11.3461**

Amount of Each Receipt this Period  
 CONTRIBUTION **75.00**

**B.** Full Name (Last, First, Middle Initial)  
**CHARLES L. GLAZER**

Mailing Address 17 HUSTED LANE

City GREENWICH State CT Zip Code 06830-4730

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

Name of Employer SELF EMPLOYED Occupation INVESTMENT BANKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : SA11.3364**

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

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

Mailing Address 184 FERN AVENUE

City LITCHFIELD State CT Zip Code 06759-2721

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

Name of Employer MGR REALTY Occupation DEVELOPER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11.3230**

Amount of Each Receipt this Period  
 CONTRIBUTION **1500.00**

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

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

**2575.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 141
	<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. NELSON GRIEBEL**

Mailing Address **7 CARYN LANE**

City **WEATOGUE** State **CT** Zip Code **06089-9784**

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

Name of Employer **METRO HARTFORD ALLIANCE** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.3424**

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

**B.** Full Name (Last, First, Middle Initial)  
**MICHAEL B. GUARCO JR.**

Mailing Address **80 HARMONY HILL RD**

City **GRANBY** State **CT** Zip Code **06035-1221**

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

Name of Employer **STATEWOOD INC** Occupation **MANAGEMENT**

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  
**10 / 26 / 2012**

**Transaction ID : SA11.3287**

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

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

Mailing Address **2 MINOR ROAD**

City **TERRYVILLE** State **CT** Zip Code **06786-4002**

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

Name of Employer **THE HAMZY LAW FIRM, LLC** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2012**

**Transaction ID : SA11.3213**

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

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

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

**450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 141
	<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. WILLIAM A. HANDELMAN MD**

Mailing Address 89 EAST STREET

City MORRIS State CT Zip Code 06763-1802

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

Name of Employer NEPHROLOGY Occupation PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.3434**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**YOAV HARON**

Mailing Address 99 WEST LANE

City STAMFORD State CT Zip Code 06905-3953

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

Name of Employer ARTIMUS Occupation CFO

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  
 10 / 23 / 2012

**Transaction ID : SA11.3234**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 8 BROADVIEW RD

City WESTPORT State CT Zip Code 06880-2302

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

Name of Employer SIR DEVELOPMENT Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.3428**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>MYRTLE M. HAYDEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2012
Mailing Address 414 CORNWALL BRIDGE ROAD P.O. BOX 386		<b>Transaction ID : SA11.3645</b>
City SHARON	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 670.00	

Full Name (Last, First, Middle Initial) <b>CRAIG HENRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 18 / 2012
Mailing Address 74 MALLORY RD		<b>Transaction ID : SA11.3065</b>
City ROXBURY	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SELF EMPLOYED	Occupation CONTRACTOR	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>THOMAS J. HERLIHY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2012
Mailing Address PO BOX 1134		<b>Transaction ID : SA11.3209</b>
City SIMSBURY	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TJ HERLIHY INSURANCE	Occupation INSURANCE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 141
	<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. CHRISTOPHER M. HILL**

Mailing Address 18 WESTOVER LANE  
P.O. BOX 940

City LITCHFIELD State CT Zip Code 06759-3923

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

Name of Employer LITCHFIELD FORD Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.3593**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BARBARA HILLIS**

Mailing Address 69 SEELEY RD

City LITCHFIELD State CT Zip Code 06759-4229

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  
10 / 20 / 2012

**Transaction ID : SA11.3133**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 144 BENTLEY CIR

City GOSHEN State CT Zip Code 06756-1722

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  
11 / 03 / 2012

**Transaction ID : SA11.3665**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 141
	<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. JANE B. HINKEL**

Mailing Address 149 OLD SOUTH RD

City State Zip Code  
LITCHFIELD CT 06759-4001

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

Name of Employer Occupation  
FAHEY & ASSOCIATES REALTORS REALTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.3498**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. NANCY S. HODKOSKI**

Mailing Address 54 BRYNMOOR COURT

City State Zip Code  
GOSHEN CT 06756-2134

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

Name of Employer Occupation  
CITY OF TORRINGTON DIRECTOR OF ELDERLY SERVICES

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  
10 / 23 / 2012

**Transaction ID : SA11.3248**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. NANCY S. HODKOSKI**

Mailing Address 54 BRYNMOOR COURT

City State Zip Code  
GOSHEN CT 06756-2134

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

Name of Employer Occupation  
CITY OF TORRINGTON DIRECTOR OF ELDERLY SERVICES

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  
11 / 03 / 2012

**Transaction ID : SA11.3625**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 141
	<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)  
**SPENCER M. HOULDIN**

Mailing Address **PO BOX 382**

City **WASHINGTON DEPOT** State **CT** Zip Code **06794-0382**

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

Name of Employer **ERICSON INSURANCE AGENCY** Occupation **INSURANCE SALES**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 27 / 2012**

**Transaction ID : SA11.3553**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN E. HUNT**

Mailing Address **12 ROARING BROOK RD**

City **AVON** State **CT** Zip Code **06001-2323**

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  
**210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 19 / 2012**

**Transaction ID : SA11.3126**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

Mailing Address **12 ROARING BROOK RD**

City **AVON** State **CT** Zip Code **06001-2323**

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  
**210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**10 / 26 / 2012**

**Transaction ID : SA11.3337**

Amount of Each Receipt this Period  
**60.00**

CONTRIBUTION

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

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

**610.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 141
	<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 E. JANCO SR.**

Mailing Address 213 ALLISON DRIVE

City State Zip Code  
TORRINGTON CT 06790-3151

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

Name of Employer Occupation  
TORRINGTON SAVINGS BANK BANK OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.3275**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 213 ALLISON DRIVE

City State Zip Code  
TORRINGTON CT 06790-3151

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

Name of Employer Occupation  
TORRINGTON SAVINGS BANK BANK OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.3404**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 514 NORTH ST

City State Zip Code  
GREENWICH CT 06830-3439

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

Name of Employer Occupation  
NESTLE WATERS NORTH AMERICA PRESIDENT

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  
10 / 22 / 2012

**Transaction ID : SA11.3226**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 141
	<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)  
**BRODIE JOHNSON**

Mailing Address 18 SAWMILL LANE

City GREENWICH State CT Zip Code 06830-4028

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

Name of Employer BANK OF AMERICA Occupation BANKER

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  
 11 / 05 / 2012

**Transaction ID : SA11.3621**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

City WEST CORNWALL State CT Zip Code 06796-1026

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2012

**Transaction ID : SA11.3214**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

City WEST CORNWALL State CT Zip Code 06796-1026

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.3405**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 41 OF 141  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**DENNIS KEEGAN**

Mailing Address 22 LAKEVIEW DR

City RIVERSIDE State CT Zip Code 06878-1111

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

Name of Employer KARKADIN LLC Occupation SELF EMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.3502**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 22 LAKEVIEW DR

City RIVERSIDE State CT Zip Code 06878-1111

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  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.3503**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address TYLER LAKE  
 P.O.BOX 220

City GOSHEN State CT Zip Code 06756-0220

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

Name of Employer KIMBALL, PARIS & GUGLIOTTI, P.C Occupation CPA

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2012

**Transaction ID : SA11.3623**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

5100.00

**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 42 OF 141
	<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)  
**HENRY WILLIAM KIMMEL**

Mailing Address 1769 NORTH AKIN DRIVE NE

City ATLANTA State GA Zip Code 30345-3947

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

Name of Employer SELF Occupation MEDIATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : SA11.3352**

Amount of Each Receipt this Period  
 75.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NANCY M. KISSINGER**

Mailing Address PO BOX 38  
HENDERSON RD

City SOUTH KENT State CT Zip Code 06785-0038

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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.3380**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 97 HEDGEHOG LANE

City WEST SIMSBURY State CT Zip Code 06092-2106

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

Name of Employer STATE OF CONNECTICUT Occupation ADMINISTRATOR

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  
 10 / 24 / 2012

**Transaction ID : SA11.3200**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

1175.00

**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 43 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 85 WILLOUGHBY RD

City State Zip Code  
SHELTON CT 06484-5946

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

Name of Employer Occupation  
J. ALLEN KOSOWSKY, CPA, PC 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  
10 / 26 / 2012

**Transaction ID : SA11.3281**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL H. KRAUT**

Mailing Address 163 BEACH STREET

City State Zip Code  
LITCHFIELD CT 06759-2310

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3580**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

Mailing Address 11 JUNIPER LEDGE LANE

City State Zip Code  
LAKEVILLE CT 06039-2018

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

Name of Employer Occupation  
CANCER CENTER PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3632**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 141
	<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**

Full Name (Last, First, Middle Initial) <b>MR. BRADLEY KULMAN</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 20 / 2012	
Mailing Address 336 W. END AVE APT 11C		<b>Transaction ID : SA11.3215</b>	
City NEW YORK	State NY	Zip Code 10023-8123	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer STROOCK & STROOCK & LAWYERS	Occupation LAWYER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 700.00		

Full Name (Last, First, Middle Initial) <b>SANDRA KUZMICH</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2012	
Mailing Address 82 GREAT QUARTER RD		<b>Transaction ID : SA11.3372</b>	
City SANDY HOOK	State CT	Zip Code 06482-1513	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer FROMMER LAWRENCE & HAUG LLP	Occupation ATTORNEY		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) <b>PASQUALE LA VECCHIA</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 18 / 2012	
Mailing Address 444 MANSFIELD AVE		<b>Transaction ID : SA11.3070</b>	
City DARIEN	State CT	Zip Code 06820-2114	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		C	
Name of Employer LA VECCHIA CAPITAL	Occupation OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>ROBERT LABONNE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012	
Mailing Address 164 ISLAND TRAIL		<b>Transaction ID : SA11.3541</b>	
City MORRIS	State CT	Zip Code 06763-1226	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer LABONNE'S MARKET	Occupation OWNER		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>HOWARD C. LANDIS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2012	
Mailing Address 72 LOGAN RD		<b>Transaction ID : SA11.3193</b>	
City NEW CANAAN	State CT	Zip Code 06840-2101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>RODERICK L. LANKLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012	
Mailing Address 250 BETWEEN THE LAKES RD		<b>Transaction ID : SA11.3531</b>	
City SALISBURY	State CT	Zip Code 06068-1308	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<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: PAGE 46 OF 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

Mailing Address **HICKORY RIDGE P.O. BOX 202**

City **BARKHAMSTED** State **CT** Zip Code **06063-0202**

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

Name of Employer **STERLING ENGINEERING** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1975.00**

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

**Transaction ID : SA11.3644**

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

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

Mailing Address **25 BELLRIDGE RD**

City **GLASTONBURY** State **CT** Zip Code **06033-1420**

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  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 29 / 2012**

**Transaction ID : SA11.3482**

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

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

Mailing Address **327 CENTRAL PARK WEST**

City **NEW YORK** State **NY** Zip Code **10025-7631**

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  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 20 / 2012**

**Transaction ID : SA11.3225**

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

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

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

**2700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 141
	<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)  
**MARGHERITA A. LUZZI**

Mailing Address **65 E. CHESTNUT HILL ROAD**

City **LITCHFIELD** State **CT** Zip Code **06759-4120**

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

Name of Employer **NORTHWEST ENT SPEC** Occupation **PHYSICIAN**

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  
**11 / 03 / 2012**

**Transaction ID : SA11.3655**

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

**B.** Full Name (Last, First, Middle Initial)  
**MS. BARBARA B. MACDONALD**

Mailing Address **24 PROSPECT ST**

City **LITCHFIELD** State **CT** Zip Code **06759-2502**

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 **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.3421**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK J. MALASPINA**

Mailing Address **16 POND VALLEY RD**

City **WOODBURY** State **CT** Zip Code **06798-2421**

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

Name of Employer **CARMODY & TORRANCE** Occupation **ATTORNEY**

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  
**10 / 25 / 2012**

**Transaction ID : SA11.3265**

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

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

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

**450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 141
	<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)  
**JAMES A. MANAFORT JR.**

Mailing Address 414 NEW BRITAIN AVE

City State Zip Code  
PLAINVILLE CT 06062-2065

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

Name of Employer Occupation  
MANAFORT BROTHERS INCORPORATED CONSTRUCTION

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2012

**Transaction ID : SA11.3192**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARK N. MANDELL**

Mailing Address 27 PORTER DR

City State Zip Code  
WEST HARTFORD CT 06117-3037

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

Name of Employer Occupation  
DATA-MAIL INC EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2012

**Transaction ID : SA11.3199**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

Mailing Address 12 BALL POND RD

City State Zip Code  
NEW FAIRFIELD CT 06812-4920

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2012

**Transaction ID : SA11.3605**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

3600.00

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

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

FOR LINE NUMBER: PAGE 49 OF 141  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Mailing Address **38 MAPLE VALLEY RD**

City **BOLTON** State **CT** Zip Code **06043-7660**

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

Name of Employer **HINKLEY, ALLEN & SNYDER LLP** Occupation **LAWYER**

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  
**10 / 18 / 2012**

**Transaction ID : SA11.3067**

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

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

Mailing Address **341 MILTON RD**

City **LITCHFIELD** State **CT** Zip Code **06759-2203**

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  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 26 / 2012**

**Transaction ID : SA11.3285**

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

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

Mailing Address **125 INDIAN HILL ROAD**

City **CANTON** State **CT** Zip Code **06019-3624**

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

Name of Employer **BRADLEY, FOSTER, SARGENT** Occupation **INVESTMENTS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 25 / 2012**

**Transaction ID : SA11.3264**

Amount of Each Receipt this Period  
**100.00**  
 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 50 OF 141
	<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)  
**CYNTHIA MASTERS**

Mailing Address **14 BONWIT RD**

City **RIVERSIDE** State **CT** Zip Code **06878-1216**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 23 / 2012**

**Transaction ID : SA11.3232**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN E. MATTIELLO**

Mailing Address **636 EAST MAIN STREET**

City **TORRINGTON** State **CT** Zip Code **06790-5609**

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

Name of Employer **CHARLOTTE HUNGERFORD** Occupation **ADMINISTRATOR**

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  
**10 / 31 / 2012**

**Transaction ID : SA11.3470**

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

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN P. MAY DMD**

Mailing Address **15 AVONDALE DR**

City **AVON** State **CT** Zip Code **06001-3149**

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

Name of Employer **SELF EMPLOYED** Occupation **DENTIST**

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  
**10 / 26 / 2012**

**Transaction ID : SA11.3293**

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

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

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

**950.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 141
	<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)  
**JEANNE N. MCGEEHIN**

Mailing Address 73 BALDWIN HILL ROAD

City LITCHFIELD State CT Zip Code 06759-3305

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

Name of Employer CHH Occupation DOCTOR

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  
 10 / 19 / 2012

**Transaction ID : SA11.3155**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address 73 BALDWIN HILL ROAD

City LITCHFIELD State CT Zip Code 06759-3305

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

Name of Employer CHH Occupation DOCTOR

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  
 10 / 31 / 2012

**Transaction ID : SA11.3465**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

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

Mailing Address 37 CREAMERY LA

City MADISON State CT Zip Code 06443-2492

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

Name of Employer MCGOWAN CONSULTING GROUP INC Occupation ENGINEERING SERVICES MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11.3274**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 141
	<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)  
**PAUL J. MCKENNA JR.**

Mailing Address 16 PINE GLEN RD

City SIMSBURY State CT Zip Code 06070-2714

FEC ID number of contributing federal political committee.

Name of Employer MCKENNA ORTHODONISTS Occupation ORTHODONTIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11.3298**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEWART MCKENNA**

Mailing Address 79 STEPHEN MATHER

City DARIEN State CT Zip Code 06820-2232

FEC ID number of contributing federal political committee.

Name of Employer WESTERN UNION Occupation 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  
 10 / 20 / 2012

**Transaction ID : SA11.3134**

Amount of Each Receipt this Period

CONTRIBUTION

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

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.

Name of Employer LOGAN AND MENCUCCHINI 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  
 11 / 02 / 2012

**Transaction ID : SA11.3433**

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 53 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>BARCLAY MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2012	
Mailing Address 380 DAHLIA ST		<b>Transaction ID : SA11.3509</b>	
City DENVER	State CO	Zip Code 80220-5714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer SELF EMPLOYED	Occupation REAL ESTATE INVESTOR		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>PRESCOTT MILLER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2012	
Mailing Address 1795 WEST WESLEY RD		<b>Transaction ID : SA11.3512</b>	
City ATLANTA	State GA	Zip Code 30327-1909	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer ROUND HILL CAPITAL LLC	Occupation ASSET MANAGEMENT		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>JOHN MINDEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2012	
Mailing Address 741 WASHINGTON ROAD		<b>Transaction ID : SA11.3351</b>	
City WOODBURY	State CT	Zip Code 06798-1522	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
Name of Employer GAYNOR MINDEN, INC.	Occupation EXECUTIVE		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 825.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5075.00
<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 54 OF 141
	<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)  
**NEIL A. MITCHELL**

Mailing Address 18 SHINAR MOUNTAIN RD

City State Zip Code  
WASHINGTON DEPOT CT 06794-1711

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

Name of Employer Occupation  
CREDIT SUISSE BANKING

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2012

**Transaction ID : SA11.3355**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 164 WIGWAM ROAD

City State Zip Code  
LITCHFIELD CT 06759-3827

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

Name of Employer Occupation  
LAUREL RIDGE FARM FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5050.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3656**

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

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

Mailing Address 88 WIGWAM ROAD  
P.O. BOX 1045

City State Zip Code  
LITCHFIELD CT 06759-3826

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1983.26

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.3286**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH 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 **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : SA11.3516**

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

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

Mailing Address **142 EAST 71ST ST**

City **NEW YORK** State **NY** Zip Code **10021-5157**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : SA11.3210**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE MOTEL III**

Mailing Address **599 OLD MIDDLE ST**

City **GOSHEN** State **CT** Zip Code **06756-2205**

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

Name of Employer **SUNSET MEADOW VINEYARDS** Occupation **OWNER**

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  
**10 / 25 / 2012**

**Transaction ID : SA11.3244**

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

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 141
	<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)  
**EDWARD J. MURPHY JR.**

Mailing Address **385 SOUTH STREET**

City **LITCHFIELD** State **CT** Zip Code **06759-4009**

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

Name of Employer **E.J. MURPHY REALTY** Occupation **REALTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1100.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 03 / 2012**

**Transaction ID : SA11.3579**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GRAYSON MURPHY**

Mailing Address **31 HIGHLAND ST**

City **NEW HAVEN** State **CT** Zip Code **06511-1329**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.3425**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

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

Mailing Address **2700 TORRINGFORD STREET**

City **TORRINGTON** State **CT** Zip Code **06790-2313**

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**945.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 02 / 2012**

**Transaction ID : SA11.3432**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

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

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

**350.00**

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

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

FOR LINE NUMBER: PAGE 57 OF 141  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**JEFFRY E. MUTERSBAUGH**

Mailing Address 54 MILWAUKEE AVE

City State Zip Code  
BETHEL CT 06801-2235

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

Name of Employer Occupation  
HERITAGE RECRUITING GROUP LLC PRESIDENT

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  
 10 / 25 / 2012

**Transaction ID : SA11.3333**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 98 BENTLEY CIR.

City State Zip Code  
GOSHEN CT 06756-1722

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

Name of Employer Occupation  
JON MANDY CORP OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.3515**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

Mailing Address 14 NORWOOD RD

City State Zip Code  
WEST HARTFORD CT 06117-2233

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.3483**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 141
	<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)  
**VIRGINIA C. NEWTON**

Mailing Address 1588 GATEWAY RD

City SNOWMASS State CO Zip Code 81654-9214

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

Name of Employer SELF EMPLOYED Occupation COMMUNITY VOLUNTEER

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  
 10 / 25 / 2012

**Transaction ID : SA11.3267**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MORGAN O' BRIEN**

Mailing Address 148 NORFOLK RD

City LITCHFIELD State CT Zip Code 06759-2515

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2012

**Transaction ID : SA11.3659**

Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT J. O'HARA**

Mailing Address 213 BUSHY HILL RD

City SIMSBURY State CT Zip Code 06070-2603

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

Name of Employer UNITED TECHNOLOGIES Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : SA11.3361**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 79 EASTON RD

City WESTPORT State CT Zip Code 06880-1622

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

Name of Employer POKO PARTNERS LLC Occupation REAL ESTATE

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  
 11 / 01 / 2012

**Transaction ID : SA11.3429**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CATHERINE S. ONEGLIA**

Mailing Address 24 EAST CHESTNUT HILL

City LITCHFIELD State CT Zip Code 06759-4118

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  
2050.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2012

**Transaction ID : SA11.3667**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**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 HOUSEWIFE Occupation HOUSEWIFE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

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

**Transaction ID : SA11.3649**

Amount of Each Receipt this Period  
 100.00  
 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 60 OF 141
	<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)  
**R. BRAD ONEGLIA**

Mailing Address 10 OLD MEADOW RD

City WEST HARTFORD State CT Zip Code 06117-1332

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

Name of Employer O. & G INDUSTRIES Occupation ASSISTANT VICE PRESIDENT

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  
 10 / 20 / 2012

**Transaction ID : SA11.3179**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 165 SOUTH ST  
P.O. BOX 131

City MORRIS State CT Zip Code 06763-1812

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : SA11.3354**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 356 HIGH MEADOW RD

City SOUTHPORT State CT Zip Code 06890-1221

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

Name of Employer NIDEIA Occupation BUSINESS

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  
 10 / 20 / 2012

**Transaction ID : SA11.3224**

Amount of Each Receipt this Period  
 500.00  
 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 61 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**JOE A. PATRINA**

Mailing Address 93 WEST MOUNTAIN RD

City WEST SIMSBURY State CT Zip Code 06092-2307

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2012

**Transaction ID : SA11.3288**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 179 CHESTNUT HILL RD

City LITCHFIELD State CT Zip Code 06759-4132

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

Name of Employer THE HARTFORD Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2012

**Transaction ID : SA11.3365**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 78 WINDING LANE

City AVON State CT Zip Code 06001-2625

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

Name of Employer EXTORCONSULT LLC Occupation MANAGING PARTNER

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  
 10 / 22 / 2012

**Transaction ID : SA11.3194**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 141
	<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)  
**ROB PELLETTIER**

Mailing Address **6 COUNTRY FARM LANE**

City **ELLINGTON** State **CT** Zip Code **06029-3606**

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

Name of Employer **OHLHEISER** Occupation **SALES**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.3494**

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

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

Mailing Address **29 HOFFMAN RD**

City **CANTON** State **CT** Zip Code **06019-2151**

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

Name of Employer **LITCHFIELD INSURANCE GROUP** Occupation **BUSINESS OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2012**

**Transaction ID : SA11.3542**

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

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

Mailing Address **22 WEST MAIN STREET**

City **SHARON** State **CT** Zip Code **06069-2011**

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

Name of Employer **PRINDLE INSURANCE AGENCY** Occupation **INSURANCE AGENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1050.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.3497**

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

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

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

**400.00**

**CONTRIBUTION**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 141
	<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)  
**SAMANTHA R. PULLARO**

Mailing Address **8 GROVE AVE**

City **MADISON** State **CT** Zip Code **06443-3225**

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  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**Transaction ID : SA11.3212**

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

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

Mailing Address **147 OAKRIDGE**

City **UNIONVILLE** State **CT** Zip Code **06085-1476**

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

Name of Employer **STATE OF CONNECTICUT JUDICAL BRANCH** Occupation **ASSITANT CLERK**

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  
**10 / 28 / 2012**

**Transaction ID : SA11.3359**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES J. RINDOS**

Mailing Address **150 BEACH STREET**

City **LITCHFIELD** State **CT** Zip Code **06759-2311**

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

Name of Employer **BERKSHIRE PPM INC** Occupation **MACHINERY SALES**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 31 / 2012**

**Transaction ID : SA11.3471**

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

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

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

**550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 141
	<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)  
**ANTHONY RIZZO JR.**

Mailing Address 10 EMPIRE LA

City State Zip Code  
BETHEL CT 06801-3069

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

Name of Employer Occupation  
RIZZO CORPORATION CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.3478**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANTHONY RIZZO JR.**

Mailing Address 10 EMPIRE LA

City State Zip Code  
BETHEL CT 06801-3069

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

Name of Employer Occupation  
RIZZO CORPORATION CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3523**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ANTHONY M. RIZZO SR**

Mailing Address 64 TRIANGLE ST

City State Zip Code  
DANBURY CT 06810-6930

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

Name of Employer Occupation  
RIZZO ELECTRICAL CONTRACTORS EXECUTIVE

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  
10 / 27 / 2012

**Transaction ID : SA11.3453**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 141
	<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 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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 19 / 2012

**Transaction ID : SA11.3132**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 88 DOROTHY DRIVE

City TORRINGTON State CT Zip Code 06790-4209

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

Name of Employer NORTHWEST HILLS CREDIT UNION Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11.3187**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** 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 SELF Occupation DENTIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11.3247**

Amount of Each Receipt this Period  
 100.00  
 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 66 OF 141
	<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)  
**DR. BYRON J. ROUND D.M.D.**

Mailing Address P.O. BOX 1333

City State Zip Code  
LITCHFIELD CT 06759-1333

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

Name of Employer Occupation  
SELF DENTIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 26 / 2012

**Transaction ID : SA11.3284**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JILL RYAN**

Mailing Address 28 CASTLE ROCK

City State Zip Code  
BRANFORD CT 06405-4459

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : SA11.3439**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 31 TURNER DR

City State Zip Code  
GREENWICH CT 06831-4415

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

Name of Employer Occupation  
REPUBLIC CLOTHING CEO

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  
10 / 23 / 2012

**Transaction ID : SA11.3233**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP G. SAMPONARO**

Mailing Address P.O. BOX 245

City LITCHFIELD State CT Zip Code 06759-0245

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  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : SA11.3594**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RALPH W. SANDMEYER JR.**

Mailing Address P.O. BOX 85

City CORNWALL BRIDGE State CT Zip Code 06754-0085

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

Name of Employer NATIONAL IRON BANK Occupation VICE CHAIRMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2012

**Transaction ID : SA11.3217**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 420 YALE AVE

City NEW HAVEN State CT Zip Code 06515-2234

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.3201**

Amount of Each Receipt this Period  
 100.00  
 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 68 OF 141
	<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)  
**JOE SARGENT**

Mailing Address **25 COLONY ROAD**

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

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

Name of Employer **BRADLEY, FOSTER & SARGENT** Occupation **PORTFOLIO MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.3565**

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

**B.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER SCALZO**

Mailing Address **6423 BARNABY ST, NW**

City **WASHINGTON** State **DC** Zip Code **20015-2313**

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

Name of Employer **IBM** Occupation **SALES**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2012**

**Transaction ID : SA11.3538**

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

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

Mailing Address **5 LEDGE RD**

City **OLD GREENWICH** State **CT** Zip Code **06870-2308**

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

Name of Employer **WELLS FARGO SECURITIES** Occupation **INVESTMENT BANKER**

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  
**10 / 20 / 2012**

**Transaction ID : SA11.3135**

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

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 141
	<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)  
**CHARLENE BARBARA SCHULTZ**

Mailing Address 757 PANTERA DR

City State Zip Code  
MURFREESBORO TN 37128-5237

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

Name of Employer Occupation  
AETNA SR PROJECT MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.3550**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 42 WESTWOOD RD

City State Zip Code  
WEST HARTFORD CT 06117-2252

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 01 / 2012

**Transaction ID : SA11.3419**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 73 LEDYARD RD

City State Zip Code  
WEST HARTFORD CT 06117-1706

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11.3251**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 141
	<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)  
**JEFFREY B. SIENKIEWICZ**

Mailing Address P.O. BOX 786  
18 ASPETUCHE RIDGE RD

City NEW MILFORD State CT Zip Code 06776-0786

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

Name of Employer SIENKIEWICZ & MCKENNA PC Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11.3249**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EVANTHIA SIKORA**

Mailing Address 8 HUNTERS RIDGE

City UNIONVILLE State CT Zip Code 06085-1040

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

Name of Employer SELF EMPLOYED Occupation EDUCATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 23 / 2012

**Transaction ID : SA11.3260**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 8 HUNTERS RIDGE

City UNIONVILLE State CT Zip Code 06085-1040

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

Name of Employer SELF EMPLOYED Occupation EDUCATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.3596**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 141
	<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)  
**GEORGE SKAKEL III**

Mailing Address **81 HOLLY HILL LANE**

City **GREENWICH** State **CT** Zip Code **06830-6071**

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  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 27 / 2012**

**Transaction ID : SA11.3535**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. STEPHEN J. SOCOLOF**

Mailing Address **15 WESTMINSTER ROAD**

City **SUMMIT** State **NJ** Zip Code **07901-3725**

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

Name of Employer **NEW VENTURE PARTNERS** Occupation **VENTURE CAPITAL**

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  
**10 / 31 / 2012**

**Transaction ID : SA11.3493**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. CLAYTON BLANCHARD SPENCER**

Mailing Address **219 CHESTNUT HILL RD**

City **LITCHFIELD** State **CT** Zip Code **06759-4104**

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

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

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  
**10 / 31 / 2012**

**Transaction ID : SA11.3468**

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

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

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

**600.00**

**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 72 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>ANDREA SPROLE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 27 / 2012
Mailing Address 61 SLEEPY HOLLOW RD		<b>Transaction ID : SA11.3547</b>
City NEW CANAAN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OLYMPUS PARTNERS	Occupation ACCOUNTANT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>LAURA ST. CLAIR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2012
Mailing Address 435 THIRD AVE		<b>Transaction ID : SA11.3527</b>
City NAPLES	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer SELF EMPLOYED	Occupation REAL ESTATE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>BETTY STEINBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2012
Mailing Address 21 WILLOWMERE CIRCLE		<b>Transaction ID : SA11.3231</b>
City RIVERSIDE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 141
	<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)  
**MARY R. STONE**

Mailing Address 12 DEER RIDGE RD

City AVON State CT Zip Code 06001-2882

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

Name of Employer SELF EMPLOYED Occupation CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11.3399**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 12 DEER RIDGE RD

City AVON State CT Zip Code 06001-2882

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

Name of Employer SS& C TECHNOLOGIES, INC Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2012

**Transaction ID : SA11.3400**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 4 SCATACOOK TRAIL

City WESTON State CT Zip Code 06883-1312

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

Name of Employer FAIRFIELD COUNTY BANK Occupation BANKER

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  
 10 / 25 / 2012

**Transaction ID : SA11.3330**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

5100.00

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

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

FOR LINE NUMBER: PAGE 74 OF 141  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID S. STUTT**

Mailing Address 529 2ND STREET

City State Zip Code  
BROOKLYN NY 11215-2607

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

Name of Employer Occupation  
SELF-EMPLOYED INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2012

**Transaction ID : SA11.3157**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. EDA E. SULLIVAN**

Mailing Address 87 SCOTT DRIVE

City State Zip Code  
TORRINGTON CT 06790-4127

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3624**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

Mailing Address 1 BROWNSTONE RIDGE

City State Zip Code  
MERIDEN CT 06451-3621

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

Name of Employer Occupation  
THE L. SUZIO CONCRETE CO SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.3452**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1150.00

**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 75 OF 141
	<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)  
**LOUIS G. TIMOLAT**

Mailing Address 254 ROUTE 63

City FALLS VILLAGE State CT Zip Code 06031-1502

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

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
951.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11.3148**

Amount of Each Receipt this Period  
 451.33  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CESAR TORRES**

Mailing Address 4215 EASTERN AVE N

City SEATTLE State WA Zip Code 98103-7630

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

Name of Employer NORTHWEST JUSTICE PROJECT Occupation EXECUTIVE DIRECTOR

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  
 10 / 28 / 2012

**Transaction ID : SA11.3377**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 795 PARK RD

City WATERTOWN State CT Zip Code 06795-1695

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

Name of Employer TRAVERIDC CO Occupation BUSINESSMAN

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  
 10 / 21 / 2012

**Transaction ID : SA11.3147**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1701.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 141
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**CLIFFORD E. TREIBER**

Mailing Address 72 PIE HILL RD

City State Zip Code  
GOSHEN CT 06756-2024

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11.3401**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 33 WEST HYDERDALE DR.

City State Zip Code  
GOSHEN CT 06756-1802

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

Name of Employer Occupation  
TURRI INC EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2012

**Transaction ID : SA11.3469**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STANLEY A. TWARDY JR.**

Mailing Address 45 DEFOREST RD

City State Zip Code  
WILTON CT 06897-1908

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

Name of Employer Occupation  
DAY PITNEY ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 29 / 2012

**Transaction ID : SA11.3390**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 141
	<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 State Zip Code  
LITCHFIELD CT 06759-2001

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
925.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : SA11.3263**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BARBARA B. ULRICH**

Mailing Address 22 PLEASANT STREET

City State Zip Code  
WEST HARTFORD CT 06107-1623

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2012

**Transaction ID : SA11.3123**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

Mailing Address 18 EAGLE RIDGE

City State Zip Code  
TORRINGTON CT 06790-2541

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

Name of Employer Occupation  
TORRINGTON BOARD OF ED TEACHER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

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

**Transaction ID : SA11.3653**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

200.00

**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 78 OF 141
	<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)  
**ALEX VIGLIOTTI**

Mailing Address 26 GRIFFING POND RD

City State Zip Code  
BRANFORD CT 06405-6407

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  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2012

**Transaction ID : SA11.3440**

Amount of Each Receipt this Period  
1500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SERGE VINOGRAD**

Mailing Address 4800 CONGRESS ST

City State Zip Code  
FAIRFIELD CT 06824-1723

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

Name of Employer Occupation  
VINTECH MANAGING DIRECTOR

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  
10 / 27 / 2012

**Transaction ID : SA11.3555**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 331 WELLS HILL RD

City State Zip Code  
LAKEVILLE CT 06039-2301

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

Name of Employer Occupation  
SALISBURY WINES MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2012

**Transaction ID : SA11.3641**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

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

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

2050.00

**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 79 OF 141
	<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)  
**PEDRO WASMER**

Mailing Address 510 STARBOARD DR

City State Zip Code  
NAPLES FL 34103-4144

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 19 / 2012

**Transaction ID : SA11.3142**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELIZABETH A. WHALEN**

Mailing Address 19 MINERVA LANE

City State Zip Code  
LITCHFIELD CT 06759-2518

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

Name of Employer Occupation  
CHARLOTTE HUNGERFORD HOSPITAL PHYSICIAN

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  
10 / 23 / 2012

**Transaction ID : SA11.3258**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 19 MINERVA LANE

City State Zip Code  
LITCHFIELD CT 06759-2518

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

Name of Employer Occupation  
CHARLOTTE HUNGERFORD HOSPITAL PHYSICIAN

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  
10 / 29 / 2012

**Transaction ID : SA11.3384**

Amount of Each Receipt this Period  
100.00  
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 80 OF 141
	<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)  
**LISA WILSON-FOLEY**

Mailing Address 76 HARTFORD RD

City State Zip Code  
SIMSBURY CT 06070-2508

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

Name of Employer Occupation  
ALLSTAR THERAPY PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2012

**Transaction ID : SA11.3597**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALFRED WRIGHT**

Mailing Address 125 MILTON RD

City State Zip Code  
GOSHEN CT 06756-1605

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

Name of Employer Occupation  
FAY & WRIGHT EXCAVATING INC CONSTRUCTION

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  
10 / 27 / 2012

**Transaction ID : SA11.3548**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 71 WILD PASTURE RD

City State Zip Code  
KENSINGTON NH 03833-6712

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

Name of Employer Occupation  
HNTB ENGINEER

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  
10 / 27 / 2012

**Transaction ID : SA11.3450**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2150.00

105424.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 141
	<input type="checkbox"/> 11a 12 <input checked="" 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)  
**NORTH CANAAN REPUBLICAN TOWN COMMITTEE**

Mailing Address 100 PEASE ST, #6

City NORTH CANAAN State CT Zip Code 06018-2067

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.3576**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SOUTHEAST

City WASHINGTON State DC Zip Code 20003-1885

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**Transaction ID : SA11.3168**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

C00504985

**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).....

6000.00

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**ANDY HARRIS FOR CONGRESS**

Mailing Address 13401 REDCOAT LANE

City State Zip Code  
PHOENIX MD 21131-2109

FEC ID number of contributing federal political committee. **C** C00435974

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11.3396**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BILL SHUSTER FOR CONGRESS**

Mailing Address P.O. BOX 27

City State Zip Code  
HOLLIDAYSBURG PA 16648-0027

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.3574**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF SAM JOHNSON**

Mailing Address P.O. BOX 860096

City State Zip Code  
PLANO TX 75086-0096

FEC ID number of contributing federal political committee. **C** C00250720

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2012

**Transaction ID : SA11.3635**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

**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 83 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. KLINE FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 W BURNSVILLE PKWY, SUITE 104  
 City State Zip Code  
 BURNSVILLE MN 55337-2571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 31 2012  
**Transaction ID : SA11.3398**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION  
 C00326629

**B. ROGERS FOR CONGRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 1113  
 City State Zip Code  
 ANNISTON AL 36202-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 01 2012  
**Transaction ID : SA11.3418**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. YOUNG GUNS 2012 ROUND 4**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 228 S. WASHINGTON ST, SUITE 115  
 City State Zip Code  
 ALEXANDRIA VA 22314-5404  
 FEC ID number of contributing federal political committee. **C** C00529867  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 06 2012  
**Transaction ID : SA11.3563**  
 Amount of Each Receipt this Period  
 2437.39  
 CONTRIBUTION

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

4437.39

**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 84 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC**

Mailing Address 1891 PRESTON WHITE DR

City RESTON State VA Zip Code 20191-4326

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.3443**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN COUNCIL OF ENGINEERING COMPANIES PAC**

Mailing Address 1015 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2605

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

Name of Employer Occupation

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  
 10 / 27 / 2012

**Transaction ID : SA11.3457**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN MEDICAL ASSOCIATION PAC**

Mailing Address 25 MASSACHUSETTS AVE. NW SUITE 600

City WASHINGTON State DC Zip Code 20001-7400

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : SA11.3592**

Amount of Each Receipt this Period  
 5000.00  
 CONTRIBUTION

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

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

11000.00

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

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

FOR LINE NUMBER: PAGE 85 OF 141  
(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)  
**AMERICAN SECURITY PAC**

Mailing Address 192 LIBERTY LANE

City ANNISTON State AL Zip Code 36207-2646

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 20 / 2012

**Transaction ID : SA11.3181**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ARTBA-PAC**

Mailing Address 1218 28TH ST NW

City WASHINGTON State DC Zip Code 20007-3315

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.3389**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

C00118208

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

Mailing Address 228 S. WASHINGTON ST, #115

City ALEXANDRIA State VA Zip Code 22314-5404

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.3559**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

**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 86 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. Full Name (Last, First, Middle Initial)**  
**BURGER KING FRANCHISEE PAC**

Mailing Address 1701 BARRETT LAKES BLVD, NW STE 18

City KENNESAW State GA Zip Code 30144-4561

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2012

**Transaction ID : SA11.3327**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B. Full Name (Last, First, Middle Initial)**  
**CHESAPEAKE ENERGY CORPORATION FEDERAL PAC**

Mailing Address PO BOX 18576

City OKLAHOMA CITY State OK Zip Code 73154-0576

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.3441**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

C00389288

**C. Full Name (Last, First, Middle Initial)**  
**CMR POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 2485

City SPRINGFIELD State VA Zip Code 22152-0485

FEC ID number of contributing federal political committee. **C** C00469429

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.3562**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

8500.00

**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 87 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 900 SPRING ST

City State Zip Code  
SILVER SPRING MD 20910-4015

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

Name of Employer Occupation

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  
11 / 05 / 2012

**Transaction ID : SA11.3620**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**FARMERS GROUP INC**

Mailing Address 2350 KERNER BLVD, SUITE 250

City State Zip Code  
SAN RAFAEL CA 94901-5596

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

Name of Employer Occupation

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  
11 / 01 / 2012

**Transaction ID : SA11.3430**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

C00135681

**C.** Full Name (Last, First, Middle Initial)  
**HELP UNITE REPUBLICANS TODAY**

Mailing Address P.O. BOX 283

City State Zip Code  
CHATHAM VA 24531-0283

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2012

**Transaction ID : SA11.3328**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

C00496323

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

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

2500.00

**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 88 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>ICE PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 31 / 2012
Mailing Address 9158 E STARING LANE		<b>Transaction ID : SA11.3397</b>
City EDEN PRAIRIE	State MN	Zip Code 55347-2518
FEC ID number of contributing federal political committee. <b>C</b> C00484667	Amount of Each Receipt this Period 3000.00	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date 4000.00	C00504985

Full Name (Last, First, Middle Initial) <b>IFDAPAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012
Mailing Address 1410 SPRING HILL RD, SUITE 200		<b>Transaction ID : SA11.3296</b>
City MCLEAN	State VA	Zip Code 22102-3053
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 2000.00	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	C003835421

Full Name (Last, First, Middle Initial) <b>LOG CABIN REPUBLICANS PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 1050 CONNECTICUT AVE NW STE 400		<b>Transaction ID : SA11.3335</b>
City WASHINGTON	State DC	Zip Code 20036-5369
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00	
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**MCCAUL FOR CONGRESS INC**

Mailing Address **PMB-230**

City **AUSTIN** State **TX** Zip Code **78701**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 23 / 2012**

**Transaction ID : SA11.3262**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC**

Mailing Address **1212 NEW YORK AVE NW**

City **WASHINGTON** State **DC** Zip Code **20005-3987**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 01 / 2012**

**Transaction ID : SA11.3417**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC**

Mailing Address **1212 NEW YORK AVE NW**

City **WASHINGTON** State **DC** Zip Code **20005-3987**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2012  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **3000.00**

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

**Transaction ID : SA11.3618**

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

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

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

**5000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL RESTAURANT ASSOCIATION PAC**

Mailing Address 2055 L STREET NW

City WASHINGTON State DC Zip Code 20036-4957

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 13 / 2012

**Transaction ID : SA11.3604**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NEW PIONEERS PAC**

Mailing Address 228 S. WASHINGTON ST, SUITE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11.3190**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address 1605 KING ST

City ALEXANDRIA State VA Zip Code 22314-2726

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2012

**Transaction ID : SA11.3448**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

C00089458

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

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

6500.00

**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 91 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**OLDCASTLE MATERIALS, INC PAC**

Mailing Address 101 CONSTITUTION AVE, NW  
SUITE 600 WEST

City WASHINGTON State DC Zip Code 20001-2133

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

Name of Employer Occupation

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  
 10 / 27 / 2012

**Transaction ID : SA11.3449**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

C00346353

**B.** Full Name (Last, First, Middle Initial)  
**OUR COUNTRY DESERVES BETTER PAC**

Mailing Address PO BOX 984

City WILLOWS State CA Zip Code 95988-0984

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

Name of Employer Occupation

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  
 11 / 07 / 2012

**Transaction ID : SA11.3572**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PIONEER POLITICAL ACTION COMMITTEE**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001-3965

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.3622**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

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

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

7000.00

**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 92 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**REALTORS PAC**

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2012

**Transaction ID : SA11.3261**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REALTORS PAC**

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

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

**Transaction ID : SA11.3575**

Amount of Each Receipt this Period  
 4000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAJORITY FOR CHOICE**

Mailing Address 1900 L STREET NW STE 320

City WASHINGTON State DC Zip Code 20036-5027

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2529.39

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.3243**

Amount of Each Receipt this Period  
 29.39

CONTRIBUTION

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

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

5029.39

**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 93 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAIN STREET PAC**

Mailing Address 1220 L STREET NW STE 100-263

City	State	Zip Code
WASHINGTON	DC	20005-4018

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

Name of Employer	Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2012

**Transaction ID : SA11.3387**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAJORITY FOR CHOICE**

Mailing Address 1900 L STREET NW STE320

City	State	Zip Code
WASHINGTON	DC	20036-5027

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

Name of Employer	Occupation

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  
 10 / 29 / 2012

**Transaction ID : SA11.3388**

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

**C.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN JEWISH COALITION PAC**

Mailing Address 50 F STREET NW SUITE 100

City	State	Zip Code
WASHINGTON	DC	20001-1590

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

Name of Employer	Occupation

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  
 11 / 07 / 2012

**Transaction ID : SA11.3571**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00  
 CONTRIBUTION

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

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

\_\_\_\_\_ 4500.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**THE CT ASSOCIATION OF OPTOMETRISTS, INC**

Mailing Address 60 MONTOWESE ST

City State Zip Code  
BRANFORD CT 06405-3889

FEC ID number of contributing federal political committee. **C** C00453290

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2012

**Transaction ID : SA11.3442**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THE HARTFORD ADVOCATES FUND**

Mailing Address 690 ASYLUM AVE

City State Zip Code  
HARTFORD CT 06115

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2012

**Transaction ID : SA11.3191**

Amount of Each Receipt this Period  
 5000.00

CONTRIBUTION

C00168864

**C.** Full Name (Last, First, Middle Initial)  
**TITLE INDUSTRY POLITICAL ACTION COMMITTEE**

Mailing Address 1828 L. STREET, N.W., SUITE 705

City State Zip Code  
WASHINGTON DC 20036-5107

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2012

**Transaction ID : SA11.3431**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

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

8000.00

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

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

FOR LINE NUMBER: PAGE 95 OF 141  
(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)  
**VOICE FOR FREEDOM PAC**  
 Mailing Address 2700 CUMBERLAND PKWY, STE 150  
 City ATLANTA State GA Zip Code 30339-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 05 / 2012  
**Transaction ID : SA11.3619**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WAKE PAC**  
 Mailing Address 33 NORTHFIELD AVE  
 City EDISON State NJ Zip Code 08837-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012  
**Transaction ID : SA11.3211**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION  
 C00489005

**C.** Full Name (Last, First, Middle Initial)  
**WEBSTER BANK PAC-FEDERAL**  
 Mailing Address 145 BANK ST  
 City WATERBURY State CT Zip Code 06702-2211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 26 / 2012  
**Transaction ID : SA11.3295**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

4000.00

**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 96 OF 141
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**WEDGE PAC DBA MARSHA PAC FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 680063

City FRANKLIN State TN Zip Code 37068-0063

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

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

**Transaction ID : SA11.3573**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

C00409276

**B.** Full Name (Last, First, Middle Initial)  
**ZURICH HOLDING CO OF AMERICA**

Mailing Address 1201 F ST, NW, SUITE 950

City WASHINGTON State DC Zip Code 20004-1254

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

Name of Employer Occupation

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  
**11 / 05 / 2012**

**Transaction ID : SA11.3577**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**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).....

**2000.00**

**79716.78**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 141			
	<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. Stephen Bassermann</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 18 Wellesley Drive		Amount of Each Disbursement this Period 1786.44 <b>Transaction ID : 784A</b>
City Branford	State CT	
Zip Code 06405	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Stephen Bassermann</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 18 Wellesley Drive		Amount of Each Disbursement this Period 1786.44 <b>Transaction ID : 836A</b>
City Branford	State CT	
Zip Code 06405	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ross Brennan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 26 Gallows Lane		Amount of Each Disbursement this Period 843.50 <b>Transaction ID : 783A</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4416.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 141			
	<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 11 / 08 / 2012	
Mailing Address 26 Gallows Lane			Amount of Each Disbursement this Period 843.50	
City Litchfield	State CT	Zip Code 06759	Transaction ID : 783b	
Purpose of Disbursement payroll		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ross Brennan</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012	
Mailing Address 26 Gallows Lane			Amount of Each Disbursement this Period 35.07	
City Litchfield	State CT	Zip Code 06759	Transaction ID : 810a	
Purpose of Disbursement expense Reimbursement		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Ross Brennan</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012	
Mailing Address 26 Gallows Lane			Amount of Each Disbursement this Period 43.78	
City Litchfield	State CT	Zip Code 06759	Transaction ID : 813a	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	922.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 141			
	<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. Stephen DiMartino</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 48 Colinail Height s Road		Amount of Each Disbursement this Period 1007.47 <b>Transaction ID : 786</b>
City North Haven State CT Zip Code 06473	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Stephen DiMartino</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 48 Colinial Heights Road		Amount of Each Disbursement this Period 1007.47 <b>Transaction ID : 837a</b>
City North Haven State CT Zip Code 06473	Purpose of Disbursement payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Steve DiMartino</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 48 Colinail Heights Road		Amount of Each Disbursement this Period 177.10 <b>Transaction ID : 839</b>
City State Zip Code	Purpose of Disbursement mileage reimbursement Candidate Name Category/Type 002	
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).....	2192.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 141			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 9201	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.58	
City Watertown	State CT	Zip Code 06795	Transaction ID : 782a	
Purpose of Disbursement payroll		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.58	
City Watertown	State CT	Zip Code 06795	Transaction ID : 833A	
Purpose of Disbursement payroll		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District: 00				

Full Name (Last, First, Middle Initial) <b>c. Jeffrey Giegler</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012	
Mailing Address 10 Old Hayrake Road			Amount of Each Disbursement this Period 829.20	
City Danbury	State CT	Zip Code 06811	Transaction ID : 785	
Purpose of Disbursement payroll		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3130.36
<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 101 OF 141	
	<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. Jeff Giegler</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 10 Old Hayrake Road		Amount of Each Disbursement this Period 525.47
City Danbury State CT Zip Code 06811	Purpose of Disbursement mileage Reimbursement	
Candidate Name	Category/Type 002	<b>Transaction ID : 823A</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Giegler</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 10 Old Hayrake Road		Amount of Each Disbursement this Period 829.20
City Danbury State CT Zip Code 06811	Purpose of Disbursement payroll	
Candidate Name	Category/Type 001	<b>Transaction ID : 838</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Walter Kidd</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address 22c Heritgace Village		Amount of Each Disbursement this Period -128.60
City Southbury State CT Zip Code 06488	Purpose of Disbursement refund	
Candidate Name	Category/Type 001	<b>Transaction ID : 630b</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1226.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 141	
	<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. Walter Kidd</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 22c Heritage Village		Amount of Each Disbursement this Period 260.50 <b>Transaction ID : 840a</b>
City Southbury	State CT	
Zip Code 06488	Purpose of Disbursement photographer	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Leora Levy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address Red Oak 59 Peckslan		Amount of Each Disbursement this Period 528.52 <b>Transaction ID : 790a</b>
City Greenwich	State CT	
Zip Code 06831	Purpose of Disbursement reimbursement of event expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 49 ALLYNDAL ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : 781a</b>
City CANAAN	State CT	
Zip Code 06018	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).....	1912.00
<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 103 OF 141	
	<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 11 / 08 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : 831a</b>
City CANAAN	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. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 598.32 <b>Transaction ID : 832a</b>
City CANAAN	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>c. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 853</b>
City CANAAN	State CT	
Purpose of Disbursement reimbursement	Candidate Name	Category/ Type 001
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).....	2721.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 141			
	<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 11 / 19 / 2012	
Mailing Address 49 ALLYNDALE ROAD			Amount of Each Disbursement this Period 128.32	
City CANAAN	State CT	Zip Code 06018	Transaction ID : 856A	
Purpose of Disbursement reimbursement for storage bins		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. Andrew Mills</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012	
Mailing Address 333 2nd Street NE #401			Amount of Each Disbursement this Period 277.46	
City Washington	State DC	Zip Code 20002	Transaction ID : 815a	
Purpose of Disbursement mileage reimbursement		002 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. Emily Minacci</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2012	
Mailing Address Marilyn Lane			Amount of Each Disbursement this Period 1556.25	
City Canaan	State CT	Zip Code 06018	Transaction ID : 841A	
Purpose of Disbursement data Entry		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).....	1962.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 141	
	<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. Emily Minacci</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2012
Mailing Address Marilyn Lane		Amount of Each Disbursement this Period 375.00 <b>Transaction ID : 857a</b>
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement data entry	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. Zachary Rigon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012
Mailing Address 9 Althea Street		Amount of Each Disbursement this Period 394.06 <b>Transaction ID : 780a</b>
City Waterbury	State CT	
Zip Code 06706	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Zachary Rigon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2012
Mailing Address 9 Althea Street		Amount of Each Disbursement this Period 330.88 <b>Transaction ID : 835a</b>
City Waterbury	State CT	
Zip Code 06706	Purpose of Disbursement payroll	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1099.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 141	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Amy Taylor-Fernandez</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>307 E Litchfield Road</b>		Amount of Each Disbursement this Period <b>200.00</b> <b>Transaction ID : 754A</b>
City <b>Litchfield</b>	State <b>CT</b>	
Purpose of Disbursement <b>ad voice</b>	Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Tamara Tragakiss</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 14 / 2012</b>
Mailing Address <b>100 HART DRIVE</b>		Amount of Each Disbursement this Period <b>21.26</b> <b>Transaction ID : 848A</b>
City <b>LITCHFIELD</b>	State <b>CT</b>	
Purpose of Disbursement	Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: <b>00</b>	

Full Name (Last, First, Middle Initial) <b>c. Adams Samartino</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2012</b>
Mailing Address <b>P.O. Box 942 32 City Hall Avenue</b>		Amount of Each Disbursement this Period <b>5500.00</b> <b>Transaction ID : 812a</b>
City <b>Torrington</b>	State <b>CT</b>	
Purpose of Disbursement <b>accounting service</b>	Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5721.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 141	
	<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. Adams Samartino</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address P.O. Box 942 32 City Hall Avenue		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : 858a</b>
City Torrington State CT Zip Code 06790	Purpose of Disbursement accounting Services 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:	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Align Media LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 921 Calalry Ride Trail		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : 802A</b>
City Austin State TX Zip Code 06706	Purpose of Disbursement web support 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:	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>c. Align Media LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 921 Calalry Ride Trail		Amount of Each Disbursement this Period 170.00 <b>Transaction ID : 803A</b>
City Austin State TX Zip Code 06706	Purpose of Disbursement web support 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:	
Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2700.00
<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 108 OF 141	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 376.56 <b>Transaction ID : 825a</b>
City Waterbury	State CT	
Zip Code 06703	Purpose of Disbursement copy 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. American Copy</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 10.64 <b>Transaction ID : 851a</b>
City Waterbury	State CT	
Zip Code 06703	Purpose of Disbursement copies	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. ATT Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period -30.00 <b>Transaction ID : 133b</b>
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement refund	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	357.20
<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 109 OF 141	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. ATT Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 117.83 <b>Transaction ID : 819a</b>
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement cell phones	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. ATT U Verse</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address P.O. Box 5082		Amount of Each Disbursement this Period 92.68 <b>Transaction ID : 123a</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement internet service	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. ATT U Verse</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address P.O. Box 5082		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : 136a</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement internet services	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).....	280.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 141			
	<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 11 / 15 / 2012
Mailing Address P.O. Box 5082		Amount of Each Disbursement this Period 170.33 <b>Transaction ID : 852a</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement internet services	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. BackStage</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2012
Mailing Address Main Street		Amount of Each Disbursement this Period 7679.86 <b>Transaction ID : 807a</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement reception	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. BiDesign LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2012
Mailing Address 64 Humphrey Street		Amount of Each Disbursement this Period 332.34 <b>Transaction ID : 793a</b>
City Seymour	State CT	
Zip Code 06483	Purpose of Disbursement sign material	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8182.53
<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 111 OF 141	
	<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. Business Card**

Mailing Address Box 15469

City Willington State DE Zip Code 19886

Purpose of Disbursement Reimbursement Eric Cantor Trip

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 23 / 2012

Amount of Each Disbursement this Period: 816.60

Transaction ID : 756

Category/Type: 003

Full Name (Last, First, Middle Initial)

**B. Citizen News**

Mailing Address P.O. box 8048

City New Fairfield State CT Zip Code 06483

Purpose of Disbursement ads

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2012

Amount of Each Disbursement this Period: 810.00

Transaction ID : 827A

Category/Type: 004

Full Name (Last, First, Middle Initial)

**c. City Hall Cafe**

Mailing Address 234 East Main Street

City Waterbury State CT Zip Code

Purpose of Disbursement Luncheon Reception

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 27 / 2012

Amount of Each Disbursement this Period: 485.18

Transaction ID : 752A

Category/Type: 003

**SUBTOTAL** of Disbursements This Page (optional) ..... 2111.78

**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 112 OF 141	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2012
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : 842A</b>
City Falls Church	State VA Zip Code 22043	
Purpose of Disbursement software rental	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 320 W Newberry Road		Amount of Each Disbursement this Period -187.00 <b>Transaction ID : 132b</b>
City Bloomfield	State CT Zip Code 06002	
Purpose of Disbursement refund	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. Computer Marketing Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address North Elm Street		Amount of Each Disbursement this Period -90.40 <b>Transaction ID : 100a</b>
City Waterbury	State CT Zip Code 06702	
Purpose of Disbursement refund	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	522.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 141	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Connecticut Light and Power</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address P.O. Box 150493		Amount of Each Disbursement this Period 111.43 <b>Transaction ID : 816A</b>
City Hartford	State CT	
Zip Code 06115	Purpose of Disbursement utilities	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. Cooper Communications LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address Ripley Hill Road		Amount of Each Disbursement this Period 3988.14 <b>Transaction ID : 769A</b>
City Coventry	State CT	
Zip Code 06238	Purpose of Disbursement communication director	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Cooper Communications LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address Ripley Hill Road		Amount of Each Disbursement this Period 3190.79 <b>Transaction ID : 818A</b>
City Coventry	State CT	
Zip Code 06238	Purpose of Disbursement communication director	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7290.36
<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 114 OF 141	
	<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. Cuginos Resturant</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2012</b>
Mailing Address <b>1053 Farmington Ave</b>		Amount of Each Disbursement this Period <b>1066.00</b>
City <b>Farmington</b>	State <b>CT</b>	Zip Code <b>06032</b>
Purpose of Disbursement <b>Reception</b>	Category/ Type <b>003</b>	
Candidate Name		<b>Transaction ID : 750a</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Department of Revenue Service CT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>
Mailing Address <b>555 Russell Road</b>		Amount of Each Disbursement this Period <b>250.07</b>
City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>
Purpose of Disbursement <b>CT Withholding</b>	Category/ Type <b>001</b>	
Candidate Name		<b>Transaction ID : 124A</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Department of Revenue Service CT</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 08 / 2012</b>
Mailing Address <b>555 Russell Road</b>		Amount of Each Disbursement this Period <b>262.79</b>
City <b>Newington</b>	State <b>CT</b>	Zip Code <b>06111</b>
Purpose of Disbursement <b>CT Withholding</b>	Category/ Type <b>001</b>	
Candidate Name		<b>Transaction ID : 125A</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1578.86</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 141	
	<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. Direct Mailing**

Mailing Address 12450 Automobile Blvd

City Clearwater State FL Zip Code 33762

Purpose of Disbursement refund

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 11 / 06 / 2012

Amount of Each Disbursement this Period: -4618.00

Transaction ID : 126A

Category/Type: 001

Full Name (Last, First, Middle Initial)

**B. Downtown Partners**

Mailing Address Main Street

City Torrington State CT Zip Code 06790

Purpose of Disbursement rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 02 / 2012

Amount of Each Disbursement this Period: 985.00

Transaction ID : 804

Category/Type: 002

Full Name (Last, First, Middle Initial)

**C. Fedex**

Mailing Address P.O. Box 371461

City Pittsburg State PA Zip Code 15122

Purpose of Disbursement overnight mail

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 11 / 07 / 2012

Amount of Each Disbursement this Period: 67.82

Transaction ID : 821a

Category/Type:

**SUBTOTAL** of Disbursements This Page (optional) ..... -3565.18

**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 116 OF 141			
	<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 M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 295.71
City Pittsburg	State PA	
Zip Code 15122	Purpose of Disbursement overnight mail	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. FedEx</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2012
Mailing Address P.O. Box 371461		Amount of Each Disbursement this Period 25.82
City Pittsburg	State PA	
Zip Code 15122	Purpose of Disbursement overnight mail	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. Gois Broadcasting of CT</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2012
Mailing Address WLAT 135 Burnside Ave		Amount of Each Disbursement this Period 520.00
City East Hartford	State CT	
Zip Code 06108	Purpose of Disbursement Radio Ads	004 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).....	841.53
<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 117 OF 141			
	<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. IRS</b>		M M / D D / Y Y Y Y 10 / 29 / 2012	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code Andover MA 05501		2242.68	
Purpose of Disbursement Payroll Liabilities		<b>Transaction ID : 126b</b>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00		Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. IRS</b>		M M / D D / Y Y Y Y 11 / 08 / 2012	
Mailing Address		Amount of Each Disbursement this Period	
City State Zip Code Andover MA 05501		2464.13	
Purpose of Disbursement Payroll Liabilities		<b>Transaction ID : 127a</b>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District: 00		Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Jamestown Associates</b>		M M / D D / Y Y Y Y 10 / 19 / 2012	
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period	
City State Zip Code Princeton NJ 08450		50000.00	
Purpose of Disbursement TV advertising		<b>Transaction ID : 129a</b>	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:		Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	54706.81
<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 118 OF 141	
	<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. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period 50000.00 <b>Transaction ID : 130a</b>
City Princeton State NJ Zip Code 08450	Purpose of Disbursement TV advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2012
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period 70000.00 <b>Transaction ID : 131a</b>
City Princeton State NJ Zip Code 08450	Purpose of Disbursement TV advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period 35105.00 <b>Transaction ID : 132a</b>
City Princeton State NJ Zip Code 08450	Purpose of Disbursement TV advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	155105.00
<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 119 OF 141			
	<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. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2012
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period 3,000.00 5,000.00 10,000.00 25,000.00 25225.00 <b>Transaction ID : 133a</b>
City Princeton State NJ Zip Code 08450	Purpose of Disbursement TV advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period 3,000.00 5,000.00 10,000.00 25,000.00 6922.74 <b>Transaction ID : 134a</b>
City Princeton State NJ Zip Code 08450	Purpose of Disbursement TV advertising Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period 3,000.00 5,000.00 10,000.00 25,000.00 5577.00 <b>Transaction ID : 135a</b>
City Princeton State NJ Zip Code 08450	Purpose of Disbursement TV advertising production Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	37724.74
<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 120 OF 141	
	<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. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2012
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period 6438.75
City Princeton	State NJ	
Zip Code 08450	Purpose of Disbursement TV production	<b>Transaction ID : 140a</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:		

Full Name (Last, First, Middle Initial) <b>B. Jamestown Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012
Mailing Address 5 Mapletown Road Suite 300		Amount of Each Disbursement this Period 14755.00
City Princeton	State NJ	
Zip Code 08450	Purpose of Disbursement TV advertising production	<b>Transaction ID : 142a</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:		

Full Name (Last, First, Middle Initial) <b>C. Litchfield County Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 3219.41
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement signs	<b>Transaction ID : 844a</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).....	24413.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 141	
	<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. McKenna Long &amp; Aldridge</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2012	
Mailing Address 1900 K Street NW			Amount of Each Disbursement this Period 110.00	
City Washington	State DC	Zip Code 20006-1108	Transaction ID : 845a	
Purpose of Disbursement Legal service		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. McKenna Long &amp; Aldridge</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2012	
Mailing Address 1900 K Street NW			Amount of Each Disbursement this Period 1041.50	
City Washington	State DC	Zip Code 20006-1108	Transaction ID : 846a	
Purpose of Disbursement Legal service		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. McLadden's Pub</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2012	
Mailing Address 37 LaSalle Road			Amount of Each Disbursement this Period 159.48	
City West Hartford CT	State CT	Zip Code 06109	Transaction ID : 749a	
Purpose of Disbursement meeting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1310.98
<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 122 OF 141	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. National Research</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012
Mailing Address 146 State Highway 34 Suite 250		Amount of Each Disbursement this Period 7000.00
City Holmdel	State NJ	Zip Code 07733
Purpose of Disbursement polling expense	Category/ Type 005	
Candidate Name	Transaction ID : 808a	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Northeast Printing Network LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2012
Mailing Address 35 Sebeth Drive Suite 8		Amount of Each Disbursement this Period 2189.07
City Cromwell	State CT	Zip Code 06416
Purpose of Disbursement printing and mailing	Category/ Type 003	
Candidate Name	Transaction ID : 772a	
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. Northeast Printing Network LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 35 Sebeth Drive Suite 8		Amount of Each Disbursement this Period -2095.10
City Cromwell	State CT	Zip Code 06416
Purpose of Disbursement refund	Category/ Type 003	
Candidate Name	Transaction ID : 772b	
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).....	7093.97
<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 123 OF 141			
	<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. Northeast Printing Network LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 35 Sebethe Drive Suite 8			Amount of Each Disbursement this Period 223.34 <b>Transaction ID : 820a</b>
City Cromwell	State CT	Zip Code 06416	
Purpose of Disbursement printing	Candidate Name		Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Paisano's Resturant</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2012
Mailing Address 538 meriden Road			Amount of Each Disbursement this Period 500.00 <b>Transaction ID : 792a</b>
City Waterbury	State CT	Zip Code 06705	
Purpose of Disbursement Meeting & Greeting	Candidate Name		Category/ Type 007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. PierceZappi</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST			Amount of Each Disbursement this Period 10760.22 <b>Transaction ID : 817A</b>
City FAIRFIELD	State CT	Zip Code 06825	
Purpose of Disbursement fundraising consultant	Candidate Name		Category/ Type 003
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11483.56
<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 124 OF 141	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>15171.12</b> <b>Transaction ID : 822A</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement fundraising consultant <b>003</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>144 2ND STREET</b>		Amount of Each Disbursement this Period <b>2194.14</b> <b>Transaction ID : 130b</b>
City <b>SAN FRANCISCO</b> State <b>CA</b> Zip Code <b>94105</b>	Purpose of Disbursement credit card fees <b>001</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <b>00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) <b>c. Power Station</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2012</b>
Mailing Address <b>1463 Highland Ave</b>		Amount of Each Disbursement this Period <b>2627.06</b> <b>Transaction ID : 152a</b>
City <b>Cheshire</b> State <b>CT</b> Zip Code <b>06410</b>	Purpose of Disbursement Election night <b>007</b> Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>19992.32</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 141	
	<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. SalientPoint LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2012
Mailing Address P.O. Box 960743		Amount of Each Disbursement this Period 3278.61 <b>Transaction ID : 826A</b>
City Boston	State MA	
Zip Code 02196	Purpose of Disbursement media	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 151.10 <b>Transaction ID : 757a</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement postcard	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 10 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 289.79 <b>Transaction ID : 758a</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement invitation	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3719.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 141			
	<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 <b>10 / 23 / 2012</b>
Mailing Address <b>P.O. BOX 517</b>		Amount of Each Disbursement this Period <b>94.44</b>
City <b>THOMASTON</b>	State <b>CT</b>	
Zip Code <b>06787</b>	Purpose of Disbursement tickets	<b>Transaction ID : 759a</b>
Candidate Name	<b>001</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>P.O. BOX 517</b>		Amount of Each Disbursement this Period <b>305.24</b>
City <b>THOMASTON</b>	State <b>CT</b>	
Zip Code <b>06787</b>	Purpose of Disbursement Letterhead	<b>Transaction ID : 760a</b>
Candidate Name	<b>001</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>P.O. BOX 517</b>		Amount of Each Disbursement this Period <b>618.55</b>
City <b>THOMASTON</b>	State <b>CT</b>	
Zip Code <b>06787</b>	Purpose of Disbursement Letters	<b>Transaction ID : 761a</b>
Candidate Name	<b>003</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: <b>00</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1018.23</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 141			
	<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 10 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 88.23
City THOMASTON	State CT	
Zip Code 06787		
Purpose of Disbursement inserts		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 10 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 878.21
City THOMASTON	State CT	
Zip Code 06787		
Purpose of Disbursement invitations ,envelopes		Category/ Type 003
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 137.74
City THOMASTON	State CT	
Zip Code 06787		
Purpose of Disbursement stickers		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).....	1104.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 141			
	<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 10 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 105.69 <b>Transaction ID : 765a</b>
City THOMASTON	State CT	
Purpose of Disbursement pads	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. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 768.94 <b>Transaction ID : 766a</b>
City THOMASTON	State CT	
Purpose of Disbursement solicitation cards ,envelopes	Candidate Name	Category/ Type 003
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. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 268.14 <b>Transaction ID : 767a</b>
City THOMASTON	State CT	
Purpose of Disbursement invitations	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).....	1142.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 129 OF 141	
	<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 11 / 15 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 6803.55 <b>Transaction ID : 850a</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement invitations, letterheads, envelopes, 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. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 231.83 <b>Transaction ID : 809</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement storage bins ,usb scandisk 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. Stony Hill Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2012
Mailing Address 50 Stony Hill Road		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : 771</b>
City Bethel	State CT	
Zip Code 06801	Purpose of Disbursement deposit 003 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7185.38
<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 130 OF 141			
	<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. Stony Hill Inn</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2012</b>
Mailing Address 50 Stony Hill Road			Amount of Each Disbursement this Period <b>1799.81</b>
City <b>Bethel</b>	State <b>CT</b>	Zip Code <b>06801</b>	
Purpose of Disbursement event expense		Category/ Type <b>003</b>	<b>Transaction ID : 773a</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Stop and Shop</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2012</b>
Mailing Address 211 High Street			Amount of Each Disbursement this Period <b>103.22</b>
City <b>Torrington</b>	State <b>CT</b>	Zip Code <b>06790</b>	
Purpose of Disbursement food		Category/ Type <b>001</b>	<b>Transaction ID : 775a</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Swifty's Events</b>			Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2012</b>
Mailing Address 1007 Lexington Ave			Amount of Each Disbursement this Period <b>4119.50</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10021</b>	
Purpose of Disbursement event expense		Category/ Type <b>003</b>	<b>Transaction ID : 830</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6022.53</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 141			
	<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. Tech Air of Canaan LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 424 Ashley Falls Road		Amount of Each Disbursement this Period 3185.00 <b>Transaction ID : 811a</b>
City Canaan State CT Zip Code 06018	Purpose of Disbursement helium 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:	
Category/Type 007		

Full Name (Last, First, Middle Initial) <b>B. Tele-Town Hall Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2012
Mailing Address 4600 North Fairfax dr Suite 802		Amount of Each Disbursement this Period 1380.00 <b>Transaction ID : 814a</b>
City Arlington State VA Zip Code 22203	Purpose of Disbursement telephone town Hall Meeting 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:	
Category/Type 007		

Full Name (Last, First, Middle Initial) <b>c. The Catalyst Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2012
Mailing Address 1115 Massachusetts Ave		Amount of Each Disbursement this Period 1785.00 <b>Transaction ID : 854</b>
City Washington State DC Zip Code	Purpose of Disbursement DC Fundraising Consulant 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:	
Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3180.97
<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 132 OF 141	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. The Litchfield Inn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2012</b>
Mailing Address Rte 202		Amount of Each Disbursement this Period <b>500.00</b>
City Litchfield	State CT	
Purpose of Disbursement deposit	Category/ Type <b>003</b>	<b>Transaction ID : 774A</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Litchfield Inn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2012</b>
Mailing Address Rte 202		Amount of Each Disbursement this Period <b>5317.08</b>
City Litchfield	State CT	
Purpose of Disbursement event expense	Category/ Type <b>003</b>	<b>Transaction ID : 798A</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Torrington Savings Bank</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 08 / 2012</b>
Mailing Address 129 MAIN STREET		Amount of Each Disbursement this Period <b>150.00</b>
City TORRINGTON	State CT	
Purpose of Disbursement bank wiring fees	Category/ Type <b>001</b>	<b>Transaction ID : 131b</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5967.08</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 141			
	<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. Uline**

Full Name (Last, First, Middle Initial)  
Mailing Address 2200 S. Lakeside dr

City Waukeagan State IL Zip Code 60085

Purpose of Disbursement door bags

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 12 / 2012

Amount of Each Disbursement this Period: 265.59

Transaction ID : 843

Category/Type: 006

**B. US Postmaster Torrington**

Full Name (Last, First, Middle Initial)  
Mailing Address 185 East Elm Street

City Torrington State CT Zip Code 06790

Purpose of Disbursement express mail

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District: 00

Date of Disbursement: 11 / 14 / 2012

Amount of Each Disbursement this Period: 39.95

Transaction ID : 849A

Category/Type: 001

**c. W.B. Mason**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 981101

City Boston State MA Zip Code 02298-1101

Purpose of Disbursement office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 07 / 2012

Amount of Each Disbursement this Period: 221.65

Transaction ID : 824A

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional)..... 527.19

**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 134 OF 141			
	<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. Waterbury Neighborhood Council</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2012</b>	
Mailing Address <b>P. O. Box 9310</b>			Amount of Each Disbursement this Period <b>225.00</b>	
City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06725</b>	Transaction ID : <b>791</b>	
Purpose of Disbursement <b>ad</b>		Category/ Type <b>004</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>B. WATR</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>	
Mailing Address <b>1 Broadcast lane</b>			Amount of Each Disbursement this Period <b>1170.00</b>	
City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06706</b>	Transaction ID : <b>777A</b>	
Purpose of Disbursement <b>radio ads</b>		Category/ Type <b>004</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>C. WATR</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>	
Mailing Address <b>1 Broadcast lane</b>			Amount of Each Disbursement this Period <b>6.00</b>	
City <b>Waterbury</b>	State <b>CT</b>	Zip Code <b>06706</b>	Transaction ID : <b>788A</b>	
Purpose of Disbursement <b>balance owed media buy 10/29</b>		Category/ Type <b>004</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1401.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 141			
	<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. WATR</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012	
Mailing Address 1 Broadcast lane		Amount of Each Disbursement this Period 392.00	
City Waterbury	State CT	Zip Code 06706	
Purpose of Disbursement radio ads	Category/ Type 004		
Candidate Name		<b>Transaction ID : 796A</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. WDRC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2012	
Mailing Address 869 Blue Hills Ave		Amount of Each Disbursement this Period 1800.00	
City Bloomfield	State CT	Zip Code 06002	
Purpose of Disbursement Radio Ads	Category/ Type 004		
Candidate Name		<b>Transaction ID : 779A</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. WDRC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2012	
Mailing Address 869 Blue Hills Ave		Amount of Each Disbursement this Period 450.00	
City Bloomfield	State CT	Zip Code 06002	
Purpose of Disbursement Radio Ads	Category/ Type 004		
Candidate Name		<b>Transaction ID : 795A</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2642.00
<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 136 OF 141			
	<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. WLAD</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>
Mailing Address <b>98 Mill Plain Road</b>		Amount of Each Disbursement this Period <b>1200.00</b> <b>Transaction ID : 787</b>
City <b>Danbury</b> State <b>CT</b> Zip Code <b>06811</b>	Purpose of Disbursement <b>radio ads</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WLAD</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>
Mailing Address <b>98 Mill Plain Road</b>		Amount of Each Disbursement this Period <b>400.00</b> <b>Transaction ID : 797a</b>
City <b>Danbury</b> State <b>CT</b> Zip Code <b>06811</b>	Purpose of Disbursement <b>radio ads</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WPRX 1120</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>1253 Berlin Turnpike</b>		Amount of Each Disbursement this Period <b>600.00</b> <b>Transaction ID : 753</b>
City <b>Berlin</b> State <b>CT</b> Zip Code <b>06037</b>	Purpose of Disbursement <b>Radio Ads</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 141			
	<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. WPRX 1120</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2012</b>
Mailing Address <b>1253 Berlin Turnpike</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>Berlin</b>	State <b>CT</b>	Zip Code <b>06037</b>
Purpose of Disbursement <b>Radio Ads</b>	<b>004</b>	<b>Transaction ID : 801</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. WTIC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2012</b>
Mailing Address <b>Ten Executive Drive</b>		Amount of Each Disbursement this Period <b>3300.00</b>
City <b>Farmington</b>	State <b>CT</b>	Zip Code _____
Purpose of Disbursement <b>radio ads</b>	<b>004</b>	<b>Transaction ID : 776A</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>C. WTIC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2012</b>
Mailing Address <b>Ten Executive Drive</b>		Amount of Each Disbursement this Period <b>1100.00</b>
City <b>Farmington</b>	State <b>CT</b>	Zip Code _____
Purpose of Disbursement <b>radio ads</b>	<b>004</b>	<b>Transaction ID : 794A</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 141			
	<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. WTIC**

Full Name (Last, First, Middle Initial)  
Mailing Address Ten Executive Drive

City Farmington State CT Zip Code

Purpose of Disbursement radio ads

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 02 / 2012

Amount of Each Disbursement this Period: 800.00

Transaction ID : 799A

Category/Type: 004

**B. WZBG**

Full Name (Last, First, Middle Initial)  
Mailing Address 49 Common Drive

City Litchfield State CT Zip Code 06759

Purpose of Disbursement radio ads

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 30 / 2012

Amount of Each Disbursement this Period: 500.00

Transaction ID : 789a

Category/Type: 004

**C. WZBG**

Full Name (Last, First, Middle Initial)  
Mailing Address 49 Common Drive

City Litchfield State CT Zip Code 06759

Purpose of Disbursement radio ads

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 02 / 2012

Amount of Each Disbursement this Period: 100.00

Transaction ID : 800

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional) ..... 1400.00

**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 139 OF 141	
	<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. Yankee Pedlar Inn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2012</b>
Mailing Address <b>93 Main Street</b>		Amount of Each Disbursement this Period <b>158.70</b>
City <b>Torrington</b>	State <b>CT</b>	
Zip Code <b>06790</b>	Purpose of Disbursement <b>room rental</b>	<b>Transaction ID : 806</b>
Candidate Name	<b>001</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Republican Congressional Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>
Mailing Address <b>320 First Street</b>		Amount of Each Disbursement this Period <b>5000.00</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20003</b>	Purpose of Disbursement <b>campaign event reimbursement</b>	<b>Transaction ID : 755a</b>
Candidate Name	<b>007</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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).....	<b>5158.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>405504.03</b>

**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 140 OF 141			
	<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. Young Hathway Enterprizes LLC</b>			Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2012</b>	
Mailing Address P.O. Box 258			Amount of Each Disbursement this Period <b>150.00</b>	
City <b>Salisbury</b>	State <b>CT</b>	Zip Code <b>06068</b>		
Purpose of Disbursement		Category/Type <b>004</b>		
Candidate Name		Transaction ID : 768		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B.</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).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>150.00</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **Roraback for Congress** Transaction ID : o400

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Andrew Roraback</b>	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 455 Milton Road	

City	State	ZIP Code
Goshen	CT	06756-1611

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
08 / 10 / 2012	11/15/2012	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....	25000.00
<b>TOTALS</b> This Period (last page in this line only).....	25000.00

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**