

REPORT OF RECEIPTS AND DISBURSEMENTS
 BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

1 / 155

1. NAME OF COMMITTEE (in full) Chris Dodd For President Inc		2. IDENTIFICATION NUMBER C00431379
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported PO Box 270701		
CITY, STATE, and ZIP CODE West Hartford CT 06127		3. IS THIS REPORT FOR : <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General

4. TYPE OF REPORT (Check here if this is a Termination Report.)

<input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year End Report	Monthly Report Due On: <input type="checkbox"/> February 20 <input type="checkbox"/> June 20 <input type="checkbox"/> October 20 <input checked="" type="checkbox"/> March 20 <input type="checkbox"/> July 20 <input type="checkbox"/> November 20 <input type="checkbox"/> April 20 <input type="checkbox"/> August 20 <input type="checkbox"/> December 20 <input type="checkbox"/> May 20 <input type="checkbox"/> September 20 <input type="checkbox"/> January 31
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Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____

Thirtieth day report following the General Election on _____
 on _____

IS THIS REPORT AN AMENDMENT YES NO

5. COVERING PERIOD	FROM 02/01/2008	THROUGH 02/29/2008
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	2064454.00
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	66630.77
8. SUBTOTAL (Lines 6 and 7)	.....	2131084.77
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	546216.13
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	1584868.64
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)	.....	1633604.07
13. EXPENDITURES SUBJECT TO LIMITATION	.....	14998617.75
NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES		
14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	.....	10491633.50
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	14998857.75

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

Type or Print Name of Treasurer Kathryn Damato	Date 03/20/2008
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Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

For further information contact: Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 3P (01/2001)
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DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS

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(PAGE 2, FEC FORM 3P)

Name of committee (in full) Chris Dodd For President Inc		Report Covering the Period From: 02/01/2008 To: 02/29/2008	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees		56256.18	9896335.50
(b) Political Party Committees		0.00	100.00
(c) Other Political Committees		7500.00	642898.00
(d) The Candidate		0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		63756.18	10539333.50
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	4739005.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		0.00	0.00
(b) Other Loans		0.00	1302811.25
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	1302811.25
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating		2874.59	37906.92
(b) Fundraising		0.00	240.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		2874.59	38146.92
21. OTHER RECEIPTS (Dividend, Interest, etc.)		0.00	55,535.55
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		66630.77	16842264.09
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		509416.13	15036764.67
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	0.00
(b) Other Repayments		0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		36800.00	47700.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		36800.00	47700.00
29. OTHER DISBURSEMENTS		0.00	6000.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)		546216.13	15090464.67
III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE 3 / 155
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)
 (PAGE 3, FEC FORM 3P)

1. NAME OF COMMITTEE (in full) Chris Dodd For President Inc					
ADDRESS (number and street) PO Box 270701					
CITY, STATE, and ZIP CODE West Hartford CT 06127			2. IDENTIFICATION NUMBER C00431379		

ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	31412.23
Arizona	0.00	0.00	New Hampshire	0.00	699716.51
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	41.21	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	533.78
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	32501.75	2620289.64	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	68.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	32501.75	3352061.37

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 4 / 155
	(check only one)
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b
<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Sharon Adams		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	
Mailing Address 9722 Autumn Harvest		Amount of Each Receipt this Period 250.00	
City Houston	State TX	Zip Code 77064	
FEC ID number of contributing federal political committee.		Transaction ID: AC4E30B6BC0AE4474858	
Name of Employer Helix ESG	Occupation Vice President		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Ms. Marilyn Alverio		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 8	
Mailing Address 156 Conestoga Way		Amount of Each Receipt this Period 100.00	
City Glastonbury	State CT	Zip Code 06033-3362	
FEC ID number of contributing federal political committee.		Transaction ID: A8A4A57631EA6466FBA5	
Name of Employer Ethnic Marketing Solutions	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00		

C. Full Name (Last, First, Middle Initial) Frank Bell		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8	
Mailing Address 28 Holly Hill Rd		Amount of Each Receipt this Period 50.00	
City Wilmington	State DE	Zip Code 19809	
FEC ID number of contributing federal political committee.		Transaction ID: AB7445025CB7046D1841	
Name of Employer self	Occupation Training Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 155
	(check only one)
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b
<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Cathleen Bemis	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 6619 Leland Way #315	Amount of Each Receipt this Period 100.00
	City State Zip Code Los Angeles CA 90028-3800	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation LACDPH Epidemiologist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 548.00	Transaction ID: AB8ECEC5706D648CBB90

B.	Full Name (Last, First, Middle Initial) Ms. Kathy A Blackwelder	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 315 NW 3rd	Amount of Each Receipt this Period 50.00
	City State Zip Code Grants Pass OR 97526-1957	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation self Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	Transaction ID: A2ED35253C0E1442C8B7

C.	Full Name (Last, First, Middle Initial) Mr. James Kevin Burns	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 17 West Haycock Point Road	Amount of Each Receipt this Period 25.00
	City State Zip Code Branford CT 06405-5307	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Precision Combustion, Inc. President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2179.00	Transaction ID: ACCA7B36FA194404AB44

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Rosanne Cahn	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 60 Sutton Place South	Amount of Each Receipt this Period 100.00
	City State Zip Code New York NY 10022	
	FEC ID number of contributing federal political committee.	Transaction ID: A0F2C51FD7F934140A8F
	Name of Employer Occupation N/A N/a	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00

B.	Full Name (Last, First, Middle Initial) Donald Campbell	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 11 County Rd 30	Amount of Each Receipt this Period 25.00
	City State Zip Code Mt. Hope AL 35651	
	FEC ID number of contributing federal political committee.	Transaction ID: A9E05CAF61F8B4BD0AF2
	Name of Employer Occupation Retired Data Analyst	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

C.	Full Name (Last, First, Middle Initial) Mr. Keith Campbell	Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address 3333 East Florida Unit 122	Amount of Each Receipt this Period 250.00
	City State Zip Code Denver CO 80210-2539	
	FEC ID number of contributing federal political committee.	Transaction ID: A4CBAAE3AEBB340DBBE4
	Name of Employer Occupation Retired Retired	
	Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 155
	(check only one)
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b
<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Ms. Mary Lou Carter		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 8	
Mailing Address 109 Smithfield Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Endicott NY 13760-4329	FEC ID number of contributing federal political committee.		
Name of Employer Town of Vestal, NY	Occupation Library clerk		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 523.00		
		Transaction ID: A09B0190C32A04E7F818	

B. Full Name (Last, First, Middle Initial) Dr. William J Cibes, Jr.		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 8	
Mailing Address 31 Woodland St		Amount of Each Receipt this Period 25.00	
City State Zip Code Hartford CT 06105	FEC ID number of contributing federal political committee.		
Name of Employer N/A	Occupation Retired		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 650.00		
		Transaction ID: A33B5563B5B0F4BD1800	

C. Full Name (Last, First, Middle Initial) Ms. Amy Cousins		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8	
Mailing Address 220 Central Park South 7B		Amount of Each Receipt this Period 250.00	
City State Zip Code New York NY 10019-1417	FEC ID number of contributing federal political committee.		
Name of Employer Self-Employed	Occupation Physician		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		
		Transaction ID: A72E5CD1DB72443A7A82	

SUBTOTAL of Receipts This Page (optional) ▶	325.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. John J Cullinane	Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address 91 Common Street	Amount of Each Receipt this Period 500.00
	City State Zip Code Dedham MA 02026-4035	
	FEC ID number of contributing federal political committee.	Transaction ID: AA4F4CDC541C2412D81F
	Name of Employer Information Requested Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Mr. John Cunningham	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 970 Tulare Avenue	Amount of Each Receipt this Period 25.00
	City State Zip Code Albany CA 94706-2540	
	FEC ID number of contributing federal political committee.	Transaction ID: A05AB3326934F416AB77
	Name of Employer Retired Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 425.00		

C.	Full Name (Last, First, Middle Initial) Ms. Lynn Dash	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 108 Jumping Brook Road	Amount of Each Receipt this Period 100.00
	City State Zip Code Lincroft NJ 07738-1417	
	FEC ID number of contributing federal political committee.	Transaction ID: A0D0087344CA54DCC93E
	Name of Employer Retired Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Dino J. De Concini	Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 8
	Mailing Address 3125 Garfield Street NW	Amount of Each Receipt this Period 100.00
	City State Zip Code Washington DC 20008-3538	
	FEC ID number of contributing federal political committee.	
	Name of Employer N/A Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	Transaction ID: AA56BD6520EBC4E2A847

B.	Full Name (Last, First, Middle Initial) Justin Dowling	Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 8
	Mailing Address 21 Linden St apt 120	Amount of Each Receipt this Period 322.00
	City State Zip Code Quincy MA 02170	
	FEC ID number of contributing federal political committee.	
	Name of Employer N/A Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 347.00	Transaction ID: A233B8B2506214A8AAEA

C.	Full Name (Last, First, Middle Initial) Tuffield Ellinwood	Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	Mailing Address 2029 Hawthorne Terr	Amount of Each Receipt this Period 50.00
	City State Zip Code Novato CA 94945-1128	
	FEC ID number of contributing federal political committee.	
	Name of Employer Charles Schwab Occupation Software Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	Transaction ID: AFD669CB8C62540FF94B

SUBTOTAL of Receipts This Page (optional)	472.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 155
	(check only one)
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b
<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Nancy Fertig	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 7 Cobb Island Drive	Amount of Each Receipt this Period 50.00
	City State Zip Code Greenwich CT 06830	
	FEC ID number of contributing federal political committee.	
	Name of Employer N/A Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	Transaction ID: A7A861E6D09FC4B32A87

B.	Full Name (Last, First, Middle Initial) Mr. Matt Fleury	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 21-C Capitol Avenue	Amount of Each Receipt this Period 100.00
	City State Zip Code Hartford CT 06106-1707	
	FEC ID number of contributing federal political committee.	
	Name of Employer CT Science Center Occupation Manager	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 873.00	Transaction ID: A93DDB409B4FE41F4AA5

C.	Full Name (Last, First, Middle Initial) Pat Flierl	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 7755 N. Fancher	Amount of Each Receipt this Period 50.00
	City State Zip Code Clovis CA 93619	
	FEC ID number of contributing federal political committee.	
	Name of Employer Government Occupation attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	Transaction ID: AA60A723234454954A61

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 155
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Karen J. Fowler		Date of Receipt
	Mailing Address 457 Russell Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Davis	CA	95616
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer Rockingham Fireworks		Occupation Manager
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 250.00	Amount of Each Receipt this Period <input type="text"/> 50.00
			Transaction ID: A572E77038A1241A39CA

B.	Full Name (Last, First, Middle Initial) Lauren D Frank		Date of Receipt
	Mailing Address 2271 Lake Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Ontario	NY	14519-9719
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer Self-Employed		Occupation Consultant
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 268.00	Amount of Each Receipt this Period <input type="text"/> 25.00
			Transaction ID: AD294088B70B34372996

C.	Full Name (Last, First, Middle Initial) Stephanie Friedman		Date of Receipt
	Mailing Address 2933 Magnolia St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Berkeley	CA	94705
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer N/A		Occupation Retired singer
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 325.00	Amount of Each Receipt this Period <input type="text"/> 25.00
			Transaction ID: AB4D73C4502D548DDBDF

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Robert Gabel		Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 27 Pinckney Rd		Amount of Each Receipt this Period 50.00
	City	State		Zip Code
	Red Bank	NJ	07701
	FEC ID number of contributing federal political committee.		
Name of Employer Self, MD		Occupation Physician	Transaction ID: A680F708D0FD14FF8A64
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Jay Gold		Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 1320 44th Street		Amount of Each Receipt this Period 250.00
	City	State		Zip Code
	Des Moines	IA	50311-2508
	FEC ID number of contributing federal political committee.		
Name of Employer Sel-Employed		Occupation database programmer	Transaction ID: AE097DDC50EEF43008ED
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mrs. Julie Clark Goodyear		Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 333 Christian Street		Amount of Each Receipt this Period 50.00
	City	State		Zip Code
	Wallingford	CT	06492-3818
	FEC ID number of contributing federal political committee.		
Name of Employer Foundation for a Greater Opportunity		Occupation Executive Director	Transaction ID: AEA856EFBE02C4844ACF
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 550.00	

SUBTOTAL of Receipts This Page (optional)	▶	350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 155
	(check only one)
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b
<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Bobette Gorden		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 8	
Mailing Address 2248 S. Forest		Amount of Each Receipt this Period 100.00	
City State Zip Code Tempe AZ 85282	FEC ID number of contributing federal political committee.		
Name of Employer newInformation	Occupation lecture agent		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		
Transaction ID: A52AAAFB6D614FEC9BA			

B. Full Name (Last, First, Middle Initial) Julie Gurung		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
Mailing Address 5 Cherry Circle		Amount of Each Receipt this Period 50.00	
City State Zip Code Pomona NY 10970	FEC ID number of contributing federal political committee.		
Name of Employer HiFi Trader, Ltd.	Occupation Entrepreneur		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		
Transaction ID: A29F84200AFD5494C977			

C. Full Name (Last, First, Middle Initial) Michael Harahan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 8	
Mailing Address 810 Highland Dr		Amount of Each Receipt this Period 1000.00	
City State Zip Code La Canada Flintrid CA 91011	FEC ID number of contributing federal political committee.		
Name of Employer Sel-Employed	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		
Transaction ID: A45BA1CFDDEE0D4A408B4			

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 155
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Hartung

Mailing Address
11923 Trail Crest Drive

City State Zip Code
San Diego CA 92131-6149

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ascenta Therapeutics Executive Management

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 18 / 2008

Amount of Each Receipt this Period
25.00

Transaction ID: A91C47FAF32304694929

B. Full Name (Last, First, Middle Initial)
Edson C. Hendricks

Mailing Address
2336 Wilbur Ave

City State Zip Code
San Diego CA 92109-2357

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed Computer design engineer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2008

Amount of Each Receipt this Period
50.00

Transaction ID: A413A9029E34A4FCD805

C. Full Name (Last, First, Middle Initial)
Ms. Theresa Henkelmann

Mailing Address
5 Georgetown North

City State Zip Code
Greenwich CT 06831-5233

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Thomas Henkelmann-Homestead Inn Restaurateur

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2008

Amount of Each Receipt this Period
250.00

Transaction ID: A167E78B591C14A77AC9

SUBTOTAL of Receipts This Page (optional) ▶ **325.00**

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Janet A.E. Hine	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 67 Sill Lane	Amount of Each Receipt this Period 25.00
	City State Zip Code Old Lyme CT 06371-1135	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation N/A Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 325.00	Transaction ID: AFC4131BD13C6483D99D

B.	Full Name (Last, First, Middle Initial) Lyle W. Horn	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 1485 Vincent Ave	Amount of Each Receipt this Period 25.00
	City State Zip Code Watsontown PA 17777	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation N/A Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	Transaction ID: AC43B28CB2A0F4F6EB21

C.	Full Name (Last, First, Middle Initial) Joy Howell	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 1050 Connecticut Ave Nw, 10th Floor	Amount of Each Receipt this Period 1000.00
	City State Zip Code Washington DC 20036	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Cambridge Strategic Partners Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: AAE683BEE87C94C6D904

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Barry Hufker	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 1348 Hawthorne Place	Amount of Each Receipt this Period 250.00
	City State Zip Code Richmond Heights MO 63117	
	FEC ID number of contributing federal political committee.	Transaction ID: AC9B0EAE3D7C84000B12
	Name of Employer Occupation Webster University Associate Professor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Alice M Hutchinson	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 153 Rockwell Rd	Amount of Each Receipt this Period 25.00
	City State Zip Code Bethel CT 06801-3005	
	FEC ID number of contributing federal political committee.	Transaction ID: AE3F0CA8F5DB049BDBA7
	Name of Employer Occupation Canterbury School Development Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 925.00	

C.	Full Name (Last, First, Middle Initial) Ms. Carolyn Jordan	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 204 Highland Avenue	Amount of Each Receipt this Period 250.00
	City State Zip Code Arlington MA 02476-7851	
	FEC ID number of contributing federal political committee.	Transaction ID: A94A3FF1EBC6344EBB96
	Name of Employer Occupation Univeristy of New Hampshi-re Scientist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	525.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Micki Kaufman		Date of Receipt
	Mailing Address 245 8th Ave, #188		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10011
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Show & Tell Productions		Occupation Sr. Project Manager	Transaction ID: A0C7677971AD3402BB9C
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>		

B.	Full Name (Last, First, Middle Initial) Charles Kennedy		Date of Receipt
	Mailing Address 3400 W. 30th Ave		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Anchorage	AK	99517
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Kennedy Engineering Co.		Occupation Civil Engineer	Transaction ID: A42178D920583407CB27
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>		

C.	Full Name (Last, First, Middle Initial) Todd L Kenner		Date of Receipt
	Mailing Address 1 Regent Circle		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Basking Ridge	NJ	07920-1900
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Simon Property Group		Occupation Attorney	Transaction ID: AC4B40DB4035B43F386A
Receipt For: 2008	Election Cycle-to-Date ▼		
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="383.00"/>		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Keith Kiser	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 6625 Meadows West Drive South	Amount of Each Receipt this Period 150.00
	City State Zip Code Fort Worth TX 76132-1131	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation XTO Energy Engineer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	Transaction ID: A3F8DDB87AAF742F9A55

B.	Full Name (Last, First, Middle Initial) Mr. Peter H Kleban	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 65 Dunning Blvd.	Amount of Each Receipt this Period 100.00
	City State Zip Code Bangor ME 04401-3003	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation University of Maine System Professor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	Transaction ID: AF0AE6921E125448CBE9

C.	Full Name (Last, First, Middle Initial) Ms. Molly Knorr	Date of Receipt MM / DD / YYYY 02 / 24 / 2008
	Mailing Address 30 Pembroke Hill	Amount of Each Receipt this Period 250.00
	City State Zip Code Farmington CT 06032-1461	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Health Advocate, Inc. VP, Product Development	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	Transaction ID: A465EFE51959C4A23974

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Matthew Krane	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 1451 N. Kings Rd	Amount of Each Receipt this Period 1000.00
	City State Zip Code Los Angeles CA 90069	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Sel-Employed Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: A44E89492225A4BB7804

B.	Full Name (Last, First, Middle Initial) Richard Larson	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 141 S. Scoville Ave	Amount of Each Receipt this Period 50.00
	City State Zip Code Oak Park IL 60302	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Univ. of Illinois at Chicago Retired Professor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Transaction ID: A30E0AA54DC5F40D597A

C.	Full Name (Last, First, Middle Initial) Justin Ludwig	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 425 Bellevue Way Se, Apt 65	Amount of Each Receipt this Period 100.00
	City State Zip Code Bellevue WA 98004	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Software AG Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	Transaction ID: A91E922E8686D45D282C

SUBTOTAL of Receipts This Page (optional)	▶	1150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Cathleen McGarity	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 4503 Crestway Dr	Amount of Each Receipt this Period 25.00
	City State Zip Code Austin TX 78731	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation N/A N/a	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	Transaction ID: A21238DBD70564D7FB16

B.	Full Name (Last, First, Middle Initial) Ms. Clara McIver	Date of Receipt MM / DD / YYYY 02 / 13 / 2008
	Mailing Address 15 Lillian Street	Amount of Each Receipt this Period 25.00
	City State Zip Code Tabernacle NJ 08088-9351	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation N/A Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 258.00	Transaction ID: AA1005A78FA4B4627B3D

C.	Full Name (Last, First, Middle Initial) Christine Meredith	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 982-1 Alpine Terrace	Amount of Each Receipt this Period 25.00
	City State Zip Code Sunnyvale CA 94086	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Intuit Inc Executive Assistant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	Transaction ID: A1C4C7445180F4809934

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Joseph Mohbat	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 551 Pacific Street	Amount of Each Receipt this Period 25.00
	City State Zip Code Brooklyn NY 11217-1902	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation NYC Law Department Lawyer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 275.00	Transaction ID: A160066A13E4B41D9B03

B.	Full Name (Last, First, Middle Initial) Judith A. Montgomery	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 4 Bently Circle Ct	Amount of Each Receipt this Period 250.00
	City State Zip Code Chesterfield MO 63107	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Aurora Systems Group IT	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	Transaction ID: A3C26F801CB34408AA8A

C.	Full Name (Last, First, Middle Initial) Dorothy A Mrowka	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 399 Lebanon Ave.	Amount of Each Receipt this Period 50.00
	City State Zip Code Colchester CT 06415-2112	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation N/A Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	Transaction ID: AC3B7C0EDE20143C5BC1

SUBTOTAL of Receipts This Page (optional)	▶	325.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 155
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Patrick Mulloy		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8	
Mailing Address 304 W. Masonic View Ave		Amount of Each Receipt this Period 35.00	
City State Zip Code Alexandria VA 22301-2419	FEC ID number of contributing federal political committee.		
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2510.00		
Transaction ID: AD93DF8AA341C46698CF			

B. Full Name (Last, First, Middle Initial) John Nicholson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
Mailing Address 6006 Corewood Ln		Amount of Each Receipt this Period 25.00	
City State Zip Code Bethesda MD 20816	FEC ID number of contributing federal political committee.		
Name of Employer Pillsbury Winthrop Shaw Pittman LLP	Occupation Attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 375.00		
Transaction ID: A5D1B5B027417447F851			

C. Full Name (Last, First, Middle Initial) Mr. John J Nicholson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 8	
Mailing Address 21700 Oxnard Street Suite 400		Amount of Each Receipt this Period 500.00	
City State Zip Code Woodland Hills CA 91367-7559	FEC ID number of contributing federal political committee.		
Name of Employer Proteus Films Inc.	Occupation Actor		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		
Transaction ID: AC0B9E3094FF446C2983			

SUBTOTAL of Receipts This Page (optional) ▶	560.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. William D O'Brien	Date of Receipt MM / DD / YYYY 02 / 24 / 2008
	Mailing Address PO Box 17368	Amount of Each Receipt this Period 200.00
	City State Zip Code Tampa FL 33682	
	FEC ID number of contributing federal political committee.	
	Name of Employer Tampa Sports Authority	Occupation Maintenance
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	Transaction ID: A17AC0F86EA244857A90

B.	Full Name (Last, First, Middle Initial) Brian O'Dwyer	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 52 Duane St	Amount of Each Receipt this Period 1000.00
	City State Zip Code New York NY 10007	
	FEC ID number of contributing federal political committee.	
	Name of Employer O'Dwyer and Bernstien	Occupation Attorney
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Transaction ID: A4BB2003D48D3418DA1C

C.	Full Name (Last, First, Middle Initial) Mr. William E. Olmsted	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 401 Main Street Apt. 730	Amount of Each Receipt this Period 250.00
	City State Zip Code Keokuk IA 52632	
	FEC ID number of contributing federal political committee.	
	Name of Employer Presbyterian Church of Warsaw IL	Occupation Pastor
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	Transaction ID: AFB9BB21BFBE943A4883

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 155
	(check only one)
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b
<input type="checkbox"/> 17b <input type="checkbox"/> 20a	<input type="checkbox"/> 17c <input type="checkbox"/> 20b
<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mrs. Sharon Palmer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 8	
Mailing Address 9 Laurel Glen Road		Amount of Each Receipt this Period 50.00	
City State Zip Code Quaker Hill CT 06375-1211	FEC ID number of contributing federal political committee.		
Name of Employer AFT Connecticut	Occupation Information Requested		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		
Transaction ID: A9F092A705D8E4A559D0			

B. Full Name (Last, First, Middle Initial) Benjamin Palumbo		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8	
Mailing Address 1204 S. Oakcrest Rd		Amount of Each Receipt this Period 100.00	
City State Zip Code Arlington VA 22202	FEC ID number of contributing federal political committee.		
Name of Employer Palumbo & Cerrell	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		
Transaction ID: AFC61A631E64F42658A6			

C. Full Name (Last, First, Middle Initial) Mr. Richard Parenteau		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 8	
Mailing Address 518 Kinross Ct.		Amount of Each Receipt this Period 100.00	
City State Zip Code Sunnyvale CA 94087-4615	FEC ID number of contributing federal political committee.		
Name of Employer Quickcycle Consulting, LLC	Occupation Consultant		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00		
Transaction ID: AB99DC47782D44F43990			

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 155
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Elizabeth Paterson		Date of Receipt
	Mailing Address 79 Independence Drive		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Mansfield Center	CT	06250-1541
	FEC ID number of contributing federal political committee.		<input type="text" value=""/>
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="550.00"/>	<input type="text" value="50.00"/>
			Transaction ID: A1A0A5FC96933452DBAF

B.	Full Name (Last, First, Middle Initial) Mr. Peer Pederson		Date of Receipt
	Mailing Address 161 N Clark Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chicago	IL	60603
	FEC ID number of contributing federal political committee.		<input type="text" value=""/>
Name of Employer Information Requested		Occupation Information Requested	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2300.00"/>	<input type="text" value="2300.00"/>
			Transaction ID: A56421AC14CD846E2BB2

C.	Full Name (Last, First, Middle Initial) Carolyn Pirillo		Date of Receipt
	Mailing Address 7208 Rio Tamega Dr		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Elk Grove	CA	95757
	FEC ID number of contributing federal political committee.		<input type="text" value=""/>
Name of Employer State of California		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="400.00"/>	<input type="text" value="50.00"/>
			Transaction ID: A2645F1C742264659B07

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2400.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value=""/>

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Walter Plourde	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 4 Randall Ct , #2	Amount of Each Receipt this Period 50.00
	City State Zip Code Annapolis MD 21401	
	FEC ID number of contributing federal political committee.	Transaction ID: A3F8827D7F6BE43CCBDD
	Name of Employer Jenzabar, Inc.		Occupation Software Engineer
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Peter Prestley	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 44 Capitlo Ave , S201	Amount of Each Receipt this Period 100.00
	City State Zip Code Hartford CT 06106	
	FEC ID number of contributing federal political committee.	Transaction ID: ADA059D06D6E4448083F
	Name of Employer Madsen Prestley & Parente- au LLC		Occupation Attorney
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mr. Kevin F. Quigley	Date of Receipt MM / DD / YYYY 02 / 24 / 2008
	Mailing Address 1600 North Oak St.	Amount of Each Receipt this Period 100.00
	City State Zip Code Arlington VA 22209-2735	
	FEC ID number of contributing federal political committee.	Transaction ID: AEE314FC795E94BB29E3
	Name of Employer National Peace Corps Asso- ciation		Occupation President
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Robert Quill		Date of Receipt
	Mailing Address 760 Daniell Dr. SE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Smyrna	GA	30080-1104
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 50.00
Name of Employer U.S. Court of Appeals 11th Cir. (Ret.)		Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 221.00	Transaction ID: ACA7611E1A88C49768B1

B.	Full Name (Last, First, Middle Initial) Glenn Rennels		Date of Receipt
	Mailing Address 1232 Harriet St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Palo Alto	CA	94301
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer TPMG Inc.		Occupation Physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	Transaction ID: ABD8A64A904254304963

C.	Full Name (Last, First, Middle Initial) Jesse Edward Rosbrow		Date of Receipt
	Mailing Address 160 W. 9th St , Apt 3		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Brooklyn	NY	11231
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer Self Employed		Occupation Theatre Artist/Freelancer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	Transaction ID: A26B449A18FE142A8B43

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Joseph Ruane	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 8101 Dowling Cove #A	Amount of Each Receipt this Period 25.00
	City State Zip Code Austin TX 78745-6907	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation N/A Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	Transaction ID: A99F1EAC493614BA9942

B.	Full Name (Last, First, Middle Initial) Paul Rubell	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 438 Ashland Ave	Amount of Each Receipt this Period 100.00
	City State Zip Code Santa Monica CA 90405	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Kensho Productions, Inc. Film Editor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	Transaction ID: A2A47D666F3E54CB9B35

C.	Full Name (Last, First, Middle Initial) Andy Ruina	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 227 Bryant Ave	Amount of Each Receipt this Period 50.00
	City State Zip Code Ithaca NY 14850	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Cornell University Professor	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	Transaction ID: A982ED2DF532F4ED0B66

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) John Russ		Date of Receipt
	Mailing Address P.O. Box 2281		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Asheville	NC	28802
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Reindeer Graphics, Inc.		Occupation Software Engineer	Amount of Each Receipt this Period <input type="text"/> 25.01
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 325.05	
Transaction ID: A1EEBC955789849228DC			

B.	Full Name (Last, First, Middle Initial) Robert Rzeszutek		Date of Receipt
	Mailing Address 197 Riggs St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Oxford	CT	06478-1144
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Memry Corp.		Occupation Logistics	Amount of Each Receipt this Period <input type="text"/> 25.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 525.00	
Transaction ID: A25800DE9117D42248DA			

C.	Full Name (Last, First, Middle Initial) Terri Scantling		Date of Receipt
	Mailing Address 473 Simsbury Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Bloomfield	CT	06002
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer N/A		Occupation Activist	Amount of Each Receipt this Period <input type="text"/> 250.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 250.00	
Transaction ID: AA9AA73C7B1BF4916BB8			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 300.01
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Ms. Christine Kimball Shewmaker

Mailing Address
1409 Springcreek Drive

City State Zip Code
Woodland CA 95776-5759

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self-Employed Consultant

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period
50.00

Transaction ID: A628CAD078B93468A8A7

B.

Full Name (Last, First, Middle Initial)
Elizabeth Shiffrin

Mailing Address
3561 Verdugo Vista Terrace

City State Zip Code
Los Angeles CA 90065

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Black Phoenix Perfumer

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period
250.00

Transaction ID: A1DB45608F9AA499DA18

C.

Full Name (Last, First, Middle Initial)
Viravanh Siegel

Mailing Address
5322 NW 55th Terrace

City State Zip Code
Coconutcreek FL 33073

FEC ID number of contributing federal political committee.

Name of Employer Occupation
United states Postal Serv. Letter carrier

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 8

Amount of Each Receipt this Period
50.00

Transaction ID: AFB2921FBFC0D4179B6D

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Russell Smith	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 4227 Summit Pt Rd	Amount of Each Receipt this Period 50.00
	City State Zip Code Charles Town WV 25414	
	FEC ID number of contributing federal political committee.	Transaction ID: A1B3ADA861DA04C918F8
	Name of Employer Defense Information Systems Agency		Occupation Computer Systems Administrator
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Eric Spofford	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 10334 SE Martins St	Amount of Each Receipt this Period 25.00
	City State Zip Code Portland OR 97266	
	FEC ID number of contributing federal political committee.	Transaction ID: AC64E3469988942BE935
	Name of Employer Irwin Hodson Co		Occupation Pressman
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Victoria Steven	Date of Receipt MM / DD / YYYY 02 / 24 / 2008
	Mailing Address 379 Walden St #2	Amount of Each Receipt this Period 100.00
	City State Zip Code Cambridge MA 02138	
	FEC ID number of contributing federal political committee.	Transaction ID: AF99D10B04C9C40B49B6
	Name of Employer Moshe Safdie & Associates		Occupation Architect
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Laurie Stevens	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 164R Skeet Club Road	Amount of Each Receipt this Period 25.00
	City State Zip Code Durham CT 06422-1009	
	FEC ID number of contributing federal political committee.	
	Name of Employer N/A Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 525.00	Transaction ID: A07DAE2F3BBB24719A57

B.	Full Name (Last, First, Middle Initial) Mr. Paul A Strasburg	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address P.O. Box 7445	Amount of Each Receipt this Period 50.00
	City State Zip Code Menlo Park CA 94026-7445	
	FEC ID number of contributing federal political committee.	
	Name of Employer Retired Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 223.00	Transaction ID: A08F150F8D04545629D7

C.	Full Name (Last, First, Middle Initial) Ms. Gloria Sturman	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 415 South 6th Street 2941 Red Springs Drive	Amount of Each Receipt this Period 100.00
	City State Zip Code Las Vegas NV 89101-6937	
	FEC ID number of contributing federal political committee.	
	Name of Employer Wilson, Elser, Moskowitz, Edelman & Di Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	Transaction ID: A7699F81AAC954F25936

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Nuna Teal	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 554 Grove Hill Road	Amount of Each Receipt this Period 25.00
	City State Zip Code Lincoln VT 05443-8820	
	FEC ID number of contributing federal political committee.	Transaction ID: A39F7486E2DB642C987F
	Name of Employer Occupation Self-Employed Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) John Tehan	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 16 Harding St	Amount of Each Receipt this Period 25.00
	City State Zip Code Milford MA 01757	
	FEC ID number of contributing federal political committee.	Transaction ID: AD8327CFB6D384DE9A78
	Name of Employer Occupation Fidelity Investments Software Engineer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.16	

C.	Full Name (Last, First, Middle Initial) Lawrence Tesler	Date of Receipt MM / DD / YYYY 02 / 18 / 2008
	Mailing Address 351 Grove Dr	Amount of Each Receipt this Period 25.00
	City State Zip Code Portola Valley CA 94028	
	FEC ID number of contributing federal political committee.	Transaction ID: A58A0B84F41A64808A67
	Name of Employer Occupation Yahoo! Inc. Executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1025.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 155
	(check only one)	
<input type="checkbox"/> 16 <input type="checkbox"/> 19a	<input checked="" type="checkbox"/> 17a <input type="checkbox"/> 19b	<input type="checkbox"/> 17b <input type="checkbox"/> 20a
<input type="checkbox"/> 17c <input type="checkbox"/> 20b	<input type="checkbox"/> 17d <input type="checkbox"/> 20c	<input type="checkbox"/> 18 <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Scott Thompson		Date of Receipt
	Mailing Address 3000 Sheridan Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Lincoln	NE	68502-4217
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer N/A		Occupation Retired	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 100.00
		<input type="text"/> 350.00	Transaction ID: A0B1834ABCD A2456F93B

B.	Full Name (Last, First, Middle Initial) George Ubogy		Date of Receipt
	Mailing Address 319 Cognebaugh Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Cos Cob	CT	06807-1310
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer Self-Employed		Occupation Physician	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 199.00
		<input type="text"/> 299.00	Transaction ID: A37B0FAE9A4754F82966

C.	Full Name (Last, First, Middle Initial) Owen Walton		Date of Receipt
	Mailing Address P o Box 99807		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Seattle	WA	98199
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer FluencyGroup, Inc.		Occupation Business person/student	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/>	<input type="text"/> 250.00
		<input type="text"/> 250.00	Transaction ID: A1BF16AB2E3EB4B30981

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 549.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3P) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 155
	(check only one)	
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a
<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Jane Whitcomb	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 2325 Lancashire Drive	Amount of Each Receipt this Period 100.00
	City State Zip Code Ann Arbor MI 48105-1359	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation University of Michigan Student	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 630.00	Transaction ID: A29C0E585DB8C4FC3908

B.	Full Name (Last, First, Middle Initial) Jolene Wohlers	Date of Receipt MM / DD / YYYY 02 / 20 / 2008
	Mailing Address 2309 West 10th St	Amount of Each Receipt this Period 100.00
	City State Zip Code Austin TX 78703	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Herring & Irwin, LLP Paralegal	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	Transaction ID: A706D177F18FF44E9BDF

C.	Full Name (Last, First, Middle Initial) Mr. Gardner E Wright	Date of Receipt MM / DD / YYYY 02 / 17 / 2008
	Mailing Address 45 Primrose Lane	Amount of Each Receipt this Period 50.00
	City State Zip Code Bristol CT 06010-3323	
	FEC ID number of contributing federal political committee.	
	Name of Employer Occupation Self-Employed Lobbyist/ Consultant	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 350.00	Transaction ID: A292C21A6620E40D7BAA

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Rolen Yoshinaga		Date of Receipt
	Mailing Address 1963 Wasatch Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Salt Lake City	UT	84108
	FEC ID number of contributing federal political committee.		<input type="text"/>
Name of Employer VTI		Occupation Manager	Amount of Each Receipt this Period <input type="text"/> 25.00
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 275.00	
Transaction ID: AEB9643AA5E64450A925			

B.	Full Name (Last, First, Middle Initial) n/a Unitemized Donors		Date of Receipt
	Mailing Address		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	FEC ID number of contributing federal political committee.		<input type="text"/>
	Name of Employer		Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text"/> 40375.17	Amount of Each Receipt this Period <input type="text"/> 40375.17
Unitemized Donors			Transaction ID: UE80C8A63224643BA849

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 40400.17
TOTAL This Period (last page this line number only)	<input type="text"/> 56256.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 155
	<input type="checkbox"/> 16 <input type="checkbox"/> 17a <input type="checkbox"/> 17b <input checked="" type="checkbox"/> 17c <input type="checkbox"/> 17d <input type="checkbox"/> 18 <input type="checkbox"/> 19a <input type="checkbox"/> 19b <input type="checkbox"/> 20a <input type="checkbox"/> 20b <input type="checkbox"/> 20c <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) The NEA Fund for Children PAC	Date of Receipt
	Mailing Address 1201 16th Street NW Suite 420	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 4 / 2 0 0 8
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text"/> 2500.00
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text"/> 7500.00	Transaction ID: A236417058960434BB1A

B.	Full Name (Last, First, Middle Initial) The NEA Fund for Children PAC	Date of Receipt
	Mailing Address 1201 16th Street NW Suite 420	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 4 / 2 0 0 8
	City State Zip Code Washington DC 20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text"/> 2500.00
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text"/> 7500.00	Transaction ID: ACE23BE08EEEE446B49D8

C.	Full Name (Last, First, Middle Initial) US Team PAC	Date of Receipt
	Mailing Address 100 West Putnam Avenue	<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 4 / 2 0 0 8
	City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	<input type="text"/> 2500.00
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text"/> 3500.00	Transaction ID: A5CCE92282DDC40E1B90

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 7500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 155
	(check only one)	
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b	<input checked="" type="checkbox"/> 17b 20a
<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Cronin Law Firm, PLC		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8	
Mailing Address 666 Walnut Street Suite 1850		Amount of Each Receipt this Period 850.00	
City State Zip Code Des Moines IA 50309-3911		Amount of Each Receipt this Period 850.00	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 850.00	
Name of Employer Occupation		Transaction ID: A740AC6C11B134DBEAFC	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 850.00	

B. Full Name (Last, First, Middle Initial) U. S. Postal Service		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8	
Mailing Address 800 K Street		Amount of Each Receipt this Period 675.23	
City State Zip Code Washington DC 20001		Amount of Each Receipt this Period 675.23	
FEC ID number of contributing federal political committee.		Refund on deposit	
Name of Employer Occupation		Transaction ID: A4D0F2F8B59004D8EB59	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 675.23	

C. Full Name (Last, First, Middle Initial) Mr. Lawrence Beltrame		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8	
Mailing Address 1115 Caulder Avenue		Amount of Each Receipt this Period 125.00	
City State Zip Code Des Moines IA 50315-7541		Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee.		Transaction ID: A7C6C65D7445248B69C9	
Name of Employer Information Requested Occupation Information Requested		Transaction ID: A7C6C65D7445248B69C9	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 212.00	

SUBTOTAL of Receipts This Page (optional)	1650.23
TOTAL This Period (last page this line number only)	1650.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 155
	(check only one)
<input type="checkbox"/> 16 19a	<input type="checkbox"/> 17a 19b
<input checked="" type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b
<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Mr. Lawrence Beltrame		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8	
Mailing Address 1115 Caulder Avenue		Amount of Each Receipt this Period 87.00	
City State Zip Code Des Moines IA 50315-7541	FEC ID number of contributing federal political committee.		
Name of Employer Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 212.00		
		Transaction ID: A68872E5EB42E40E4BB1	

B. Full Name (Last, First, Middle Initial) Mr. F.M. Brown		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8	
Mailing Address 4590 River Forest Circle		Amount of Each Receipt this Period 420.00	
City State Zip Code Johnston IA 50131-1338	FEC ID number of contributing federal political committee.		
Name of Employer Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 420.00		
		Transaction ID: A0C7FFB0FDE414EB4B5D	

C. Full Name (Last, First, Middle Initial) Mr. Jesse G Harris		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8	
Mailing Address 975 Applewood Lane		Amount of Each Receipt this Period 500.00	
City State Zip Code Waukee IA 50263-8267	FEC ID number of contributing federal political committee.		
Name of Employer Information Requested Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Election Cycle-to-Date ▼ 500.00		
		Transaction ID: AB766A61592F2474BBBF	

SUBTOTAL of Receipts This Page (optional) ▶	1007.00
TOTAL This Period (last page this line number only) ▶	2657.23

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Zin's Mailing Address 227 2nd Ave SE City Cedar Rapids State Zip Code Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFB4D2B53DE9142D6AE0 Date of Disbursement 12 / 22 / 2007 Amount of Each Disbursement this Period 318.18 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) 4 Brothers Restaurant Mailing Address 1430 Two Rivers Blvd. City Le Mars State IA Zip Code Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B430E98F49F9B421D84B Date of Disbursement 12 / 30 / 2007 Amount of Each Disbursement this Period 264.66 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Advantage Payroll Services Mailing Address 126 Marrow Road City Auburn State ME Zip Code 04210 Purpose of Disbursement Processing Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B837EB021941E431180B Date of Disbursement 02 / 01 / 2008 Amount of Each Disbursement this Period 1084.28

SUBTOTAL of Disbursements This Page (optional) ▶

1084.28

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Advantage Payroll Services <hr/> Mailing Address 126 Marrow Road <hr/> City Auburn State ME Zip Code 04210 <hr/> Purpose of Disbursement Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B804065006CBD46D5B0B Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 83.76
B.	Full Name (Last, First, Middle Initial) Advantage Payroll Services <hr/> Mailing Address 126 Marrow Road <hr/> City Auburn State ME Zip Code 04210 <hr/> Purpose of Disbursement Processing Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B667E0890A2C6471FAA4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 36.78
C.	Full Name (Last, First, Middle Initial) Airport Holiday Inn <hr/> Mailing Address 6111 Fleur Drive <hr/> City Des Moines State IA Zip Code 50321-2851 <hr/> Purpose of Disbursement Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFC3E1329C5DC4B14AAD Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 123.15 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

120.54

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Allied Telecom</p> <p>Mailing Address PO BOx 758792</p> <p>City Baltimore State MD Zip Code 21275</p> <p>Purpose of Disbursement Internet Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF08D75C3AF8E4ACCBE5</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 850.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Allied Telecom</p> <p>Mailing Address PO BOx 758792</p> <p>City Baltimore State MD Zip Code 21275</p> <p>Purpose of Disbursement Internet Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2B6F50C551C94745BDC</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 850.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Allied Telecom</p> <p>Mailing Address PO BOx 758792</p> <p>City Baltimore State MD Zip Code 21275</p> <p>Purpose of Disbursement Internet Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B943EB661ECA841A9B9C</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 850.00</p>

SUBTOTAL of Disbursements This Page (optional)	2550.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 981535</p> <p>City El Paso State TX Zip Code 79998-1535</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B237EAAC0073F4CFEA7D</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 50000.00</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address PO Box 981535</p> <p>City El Paso State TX Zip Code 79998-1535</p> <p>Purpose of Disbursement Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE9096223CB5F41DDA5F</p> <p>Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period 19.00</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) AMTRAK</p> <p>Mailing Address Washington Union Station 60 Massachusetts Ave</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B009CCDC7636348C4A76</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 8</p> <p>Amount of Each Disbursement this Period 6.00</p> <p>[MEMO ITEM]</p> <p>Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>50000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Anthem Blue Cross Blue Shield Mailing Address 370 Bassett Road City North Haven State CT Zip Code 06473-4201 Purpose of Disbursement Health Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B73F8C92A8FDF479D9F8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 2600.86
B.	Full Name (Last, First, Middle Initial) Aristotle Publishing Mailing Address 205 Pennsylvania Ave City Washington State DC Zip Code 20003 Purpose of Disbursement Subscription Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7BFBE8E420C840F1BDC Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 9000.00
C.	Full Name (Last, First, Middle Initial) Bank of America Mailing Address P.O. Box 830175 Acct Analysis City Dallas State TX Zip Code 75283-0175 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B72C110A5930B424EA42 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 8 Amount of Each Disbursement this Period 318.09

SUBTOTAL of Disbursements This Page (optional) ▶	11918.95
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Best Western Clear Lake	Transaction ID: B96D887C68789454CAF1 Date of Disbursement 12 / 30 / 2007
	Mailing Address | 35 & Highway 18 Exit 194	Amount of Each Disbursement this Period 70.00
	City: Clear Lake, State: IA, Zip Code: 50428	
	Purpose of Disbursement: Lodging	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary, <input type="checkbox"/> General, <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: District:	

B.	Full Name (Last, First, Middle Initial) Best Western Clear Lake	Transaction ID: B6C009BDB3E3644F782B Date of Disbursement 12 / 30 / 2007
	Mailing Address | 35 & Highway 18 Exit 194	Amount of Each Disbursement this Period 70.00
	City: Clear Lake, State: IA, Zip Code: 50428	
	Purpose of Disbursement: Lodging	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary, <input type="checkbox"/> General, <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: District:	

C.	Full Name (Last, First, Middle Initial) Best Western Clear Lake	Transaction ID: B84FEC0CD33874F73AE4 Date of Disbursement 12 / 30 / 2007
	Mailing Address | 35 & Highway 18 Exit 194	Amount of Each Disbursement this Period 80.00
	City: Clear Lake, State: IA, Zip Code: 50428	
	Purpose of Disbursement: Lodging	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House, <input type="checkbox"/> Senate, <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary, <input type="checkbox"/> General, <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Capanna Coffee & Gelato Mailing Address 136 S Dubuque St City Iowa City State IA Zip Code Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B53502409C28B42F2B41 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 304.43 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Caseys Mailing Address One SE Convenience Blvd City Ankeny State IA Zip Code 50021 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B767A9ECAD4AD4E68B0D Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 400.00 [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Caseys Mailing Address One SE Convenience Blvd City Ankeny State IA Zip Code 50021 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B00C36DB880624C8CBD6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 42.16 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Caseys</p> <p>Mailing Address One SE Convenience Blvd</p> <p>City Ankeny State IA Zip Code 50021</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD0ACD59C1C924FEB9B5</p> <p>Date of Disbursement 01 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 51.18</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Caseys</p> <p>Mailing Address One SE Convenience Blvd</p> <p>City Ankeny State IA Zip Code 50021</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1641964BC0844A8EB1B</p> <p>Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 46.31</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Central Lighting & Equipment</p> <p>Mailing Address 675 NE 45th Place</p> <p>City Des Moines State IA Zip Code 50313-2446</p> <p>Purpose of Disbursement Equipment Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1E60DD729B37479798C</p> <p>Date of Disbursement 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 596.50</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Centro Restaurant <hr/> Mailing Address 1011 Locust Street <hr/> City Des Moines State IA Zip Code 50309-2811 <hr/> Purpose of Disbursement Food & Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5C56B4F4EE3A42A4B14 Date of Disbursement 01 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 16.54 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Centro Restaurant <hr/> Mailing Address 1011 Locust Street <hr/> City Des Moines State IA Zip Code 50309-2811 <hr/> Purpose of Disbursement Food & Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B68A8B14D72004FF5A28 Date of Disbursement 01 / 04 / 2008 <hr/> Amount of Each Disbursement this Period 34.33 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Comcast <hr/> Mailing Address 508-D S Van Dorn Street <hr/> City Alexandria State VA Zip Code 22304 <hr/> Purpose of Disbursement Cable Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDC14E54C392F485294B Date of Disbursement 12 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 336.88 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Cooper General Global Mailing Address 351 Boston Post Rd City Miami State FL Zip Code Purpose of Disbursement Non-Durable Goods Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B37B3AE80F75B4372B82 Date of Disbursement 12 / 26 / 2007
	Amount of Each Disbursement this Period 6662.70
	[MEMO ITEM]
	Category/ Type

B. Full Name (Last, First, Middle Initial) Costco Mailing Address 999 Lake Drive City Issaquah State WA Zip Code 98027 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6040527D63C24A7ABB8 Date of Disbursement 12 / 27 / 2007
	Amount of Each Disbursement this Period 141.88
	[MEMO ITEM]
	Category/ Type

C. Full Name (Last, First, Middle Initial) CT Dept Taxation Mailing Address 25 Sigourney St. City Hartford State CT Zip Code 06106 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B855762AE99504366989 Date of Disbursement 02 / 01 / 2008
	Amount of Each Disbursement this Period 816.78
	[MEMO ITEM]
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	816.78
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 155

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) CT Dept Taxation	Transaction ID: BDE7D16AF59684A22805
	Mailing Address 25 Sigourney St.	Date of Disbursement 02 / 15 / 2008
	City Hartford State CT Zip Code 06106	Amount of Each Disbursement this Period 368.18
	Purpose of Disbursement Taxes Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Dave Lou Realty	Transaction ID: B9C7CFF4B6E0F4AC7BEF
	Mailing Address 70 Mechanic Street, Unit 1	Date of Disbursement 02 / 25 / 2008
	City Manchester State NH Zip Code 03101-1924	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Rent Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) DC Dept Taxation	Transaction ID: B3D48FE68E3BB4E768D8
	Mailing Address P.O. Box 470	Date of Disbursement 02 / 01 / 2008
	City Washington State DC Zip Code 20044	Amount of Each Disbursement this Period 669.96
	Purpose of Disbursement Taxes Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	2538.14
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) DC Dept Taxation</p> <p>Mailing Address P.O. Box 470</p> <p>City Washington State DC Zip Code 20044</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B072CBBDC4776470CA16</p> <p>Date of Disbursement 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 392.38</p>
<p>B. Full Name (Last, First, Middle Initial) Designer Graphics</p> <p>Mailing Address</p> <p>City Tyler State TX Zip Code</p> <p>Purpose of Disbursement Advertising Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B532CD19E64584521989</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1085.77</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Drink More Water</p> <p>Mailing Address Montgomery County Airpark 7595-A Rickenbacker Drive</p> <p>City Gaithersburg State MD Zip Code 20879</p> <p>Purpose of Disbursement Water Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B96DFE8AF3F3D4D74AE4</p> <p>Date of Disbursement 01 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 75.96</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	392.38
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Drink More Water</p> <p>Mailing Address: Montgomery County Airpark 7595-A Rickenbacker Drive</p> <p>City: Gaithersburg State: MD Zip Code: 20879</p> <p>Purpose of Disbursement: Water Delivery</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF56A75C084E548FBA98</p> <p>Date of Disbursement: 01 / 18 / 2008</p> <p>Amount of Each Disbursement this Period: 15.50</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Eleventh Hour Creative, LLC</p> <p>Mailing Address: 684 Broadview Terrace</p> <p>City: Hartford State: CT Zip Code: 06106</p> <p>Purpose of Disbursement: Design & print</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCA2ECA7D2A504D8EAA0</p> <p>Date of Disbursement: 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period: 1886.46</p>
<p>C. Full Name (Last, First, Middle Initial) Enterprise Rent A Car</p> <p>Mailing Address: _____</p> <p>City: Hartford State: CT Zip Code: _____</p> <p>Purpose of Disbursement: Transportation</p> <p>Candidate Name: _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: _____ District: _____</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B65CB6E0CC35649F9B50</p> <p>Date of Disbursement: 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period: 319.86</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1886.46

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Enterprise Rent A Car</p> <p>Mailing Address</p> <p>City: Hartford State: CT Zip Code</p> <p>Purpose of Disbursement: Transportation Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8317256C1ED14FAB86C Date of Disbursement: 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 815.19</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Enterprise Rent A Car</p> <p>Mailing Address</p> <p>City: Hartford State: CT Zip Code</p> <p>Purpose of Disbursement: Transportation Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BDEBBEDE03C8945CBB11 Date of Disbursement: 01 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) FedEx</p> <p>Mailing Address: P.O. Box 371461</p> <p>City: Pittsburgh State: PA Zip Code: 15250-7461</p> <p>Purpose of Disbursement: Monthly Courier Charges Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BAA3E5DBA8C854061850 Date of Disbursement: 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 255.26</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ford Credit Mailing Address P.O. Box 220564 City Pittsburgh State PA Zip Code 15257-2564 Purpose of Disbursement Car Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B905DBE6BA86D40E2AAB Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 87.72
B.	Full Name (Last, First, Middle Initial) Ford Credit Mailing Address P.O. Box 220564 City Pittsburgh State PA Zip Code 15257-2564 Purpose of Disbursement Car Lease Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC800E9B475EA419E9A0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 75.49
C.	Full Name (Last, First, Middle Initial) Freeman Mailing Address P.O. Box 650036 City Dallas State TX Zip Code 75265-0036 Purpose of Disbursement Event Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB8FEE57C86B245AEA0C Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 609.05 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

163.21

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Freeman Mailing Address P.O. Box 650036 City Dallas State TX Zip Code 75265-0036 Purpose of Disbursement Event Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFE804E423C254C16A16 Date of Disbursement 01 / 09 / 2008 Amount of Each Disbursement this Period 2774.87 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Great Scott Moving Mailing Address 3409 52nd Avenue City Hyattsville State MD Zip Code 20781-1003 Purpose of Disbursement MOving Expenses Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC092BC26E54B48878FE Date of Disbursement 02 / 01 / 2008 Amount of Each Disbursement this Period 2190.00
C.	Full Name (Last, First, Middle Initial) Hampton Inn Mailing Address 3583 ST. Mathews Road City Orangeburg State SC Zip Code 29118 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B02F13E41E01143CB937 Date of Disbursement 12 / 26 / 2007 Amount of Each Disbursement this Period 89.07 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

2190.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Hertz Mailing Address 333 W. Harbor Drive City San Diego State CA Zip Code 92101 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC92787F020394DE2915 Date of Disbursement 12 / 26 / 2007 Amount of Each Disbursement this Period 246.28 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Hertz Mailing Address 333 W. Harbor Drive City San Diego State CA Zip Code 92101 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF0B1290EA63646F39DA Date of Disbursement 12 / 27 / 2007 Amount of Each Disbursement this Period 159.09 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Hertz Mailing Address 333 W. Harbor Drive City San Diego State CA Zip Code 92101 Purpose of Disbursement Transportation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF2D01B6AC88A47ED8D0 Date of Disbursement 01 / 05 / 2008 Amount of Each Disbursement this Period 763.11 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Home Depot <hr/> Mailing Address 2455 Falls Ferry Road <hr/> City Atlanta State GA Zip Code 30339 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF2F6C0E646384F24A93 Date of Disbursement 12 / 28 / 2007 <hr/> Amount of Each Disbursement this Period 221.90 <hr/> [MEMO ITEM]		
	B. Full Name (Last, First, Middle Initial) Home Depot <hr/> Mailing Address 2455 Falls Ferry Road <hr/> City Atlanta State GA Zip Code 30339 <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B201A3F8F0E024BF89BF Date of Disbursement 12 / 28 / 2007 <hr/> Amount of Each Disbursement this Period 30.15 <hr/> [MEMO ITEM]	
		C. Full Name (Last, First, Middle Initial) Hotel Vetro <hr/> Mailing Address 201 South Linn Street <hr/> City Iowa City State IA Zip Code 52240 <hr/> Purpose of Disbursement Lodging Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD7260C18B29B4D01A83 Date of Disbursement 12 / 21 / 2007 <hr/> Amount of Each Disbursement this Period 178.08 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Hotel Winneshiek <hr/> Mailing Address 104 East Water Street <hr/> City Decorah State IA Zip Code <hr/> Purpose of Disbursement Food & Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B45EFF94B9CE041E9A7D Date of Disbursement 12 / 26 / 2007 <hr/> Amount of Each Disbursement this Period 246.38 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Hotel Winneshiek <hr/> Mailing Address 104 East Water Street <hr/> City Decorah State IA Zip Code <hr/> Purpose of Disbursement Hotel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6BFBD83F1066428F84E Date of Disbursement 12 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 122.08 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Hotel Winneshiek <hr/> Mailing Address 104 East Water Street <hr/> City Decorah State IA Zip Code <hr/> Purpose of Disbursement Hotel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B36DC9D2685554657A60 Date of Disbursement 12 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 110.88 <hr/> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Hotel Winneshiek Mailing Address 104 East Water Street City Decorah State IA Zip Code Purpose of Disbursement Hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B8B4C8363EBBC4967AFF Date of Disbursement 12 / 27 / 2007 Amount of Each Disbursement this Period 122.08 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Hotwire Mailing Address 333 Market Street Suite 100 City San Francisco State CA Zip Code 94105 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B6C7480CF3FDC4049B5C Date of Disbursement 01 / 08 / 2008 Amount of Each Disbursement this Period 120.28 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington City Mt. Pleasant State IA Zip Code 52641 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B1A6098334F2F447FB85 Date of Disbursement 12 / 26 / 2007 Amount of Each Disbursement this Period 1.49 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 155

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington City Mt. Pleasant State IA Zip Code 52641 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BDD5B45434BB34ACD9BA Date of Disbursement 12 / 27 / 2007 Amount of Each Disbursement this Period 1500.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington City Mt. Pleasant State IA Zip Code 52641 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B281FA4370AC948C4804 Date of Disbursement 12 / 29 / 2007 Amount of Each Disbursement this Period 143.39 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington City Mt. Pleasant State IA Zip Code 52641 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8FCDB5DCE413416090F Date of Disbursement 12 / 30 / 2007 Amount of Each Disbursement this Period 56.46 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington City Mt. Pleasant State IA Zip Code 52641 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBF9BC05D38C9463B8F6 Date of Disbursement 12 / 31 / 2007 Amount of Each Disbursement this Period 61.17 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington City Mt. Pleasant State IA Zip Code 52641 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B66DC967CFD814134817 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 41.52 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) HyVee Mailing Address 170 E. Washington City Mt. Pleasant State IA Zip Code 52641 Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BCC11F4B77D744C99988 Date of Disbursement 01 / 01 / 2008 Amount of Each Disbursement this Period 59.68 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) HyVee</p> <p>Mailing Address 170 E. Washington</p> <p>City Mt. Pleasant State IA Zip Code 52641</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB0A380404CA142CCBFB</p> <p>Date of Disbursement 01 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 66.69</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) International Association of Fire Fighters</p> <p>Mailing Address 1750 New York Avenue, NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Travel Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD9ED6E8F17534731A81</p> <p>Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 2903.95</p>
<p>C. Full Name (Last, First, Middle Initial) IRS</p> <p>Mailing Address P.O. Box 8530</p> <p>City Philadelphia State PA Zip Code 19162</p> <p>Purpose of Disbursement Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8B38B1B3A2EF4C69928</p> <p>Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 9085.02</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11988.97

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) IRS Mailing Address P.O. Box 8530 City Philadelphia State PA Zip Code 19162 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B1C1FD5C48C57406C982 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 3349.52
	Category/ Type
	[]

B. Full Name (Last, First, Middle Initial) Kum & Go Mailing Address City Ottumwa State IA Zip Code Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6673D5CC879C4D90B10 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 79.11
	Category/ Type
	[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Kum & Go Mailing Address City Ottumwa State IA Zip Code Purpose of Disbursement Food & Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0EC9B02D235B459A8E8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 83.47
	Category/ Type
	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	3349.52
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) La Quinta Inn & Suites Mailing Address 909 Hidden Ridge, Suite 600 City Irving State TX Zip Code 75038 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0727E35EE78C4AC7ACA Date of Disbursement 12 / 28 / 2007 Amount of Each Disbursement this Period 88.48 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) La Quinta Inn & Suites Mailing Address 909 Hidden Ridge, Suite 600 City Irving State TX Zip Code 75038 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B95F8EFF7C4C241E3A0E Date of Disbursement 12 / 28 / 2007 Amount of Each Disbursement this Period 187.55 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) La Quinta Inn & Suites Mailing Address 909 Hidden Ridge, Suite 600 City Irving State TX Zip Code 75038 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9A0D1D5459EA4607B87 Date of Disbursement 01 / 04 / 2008 Amount of Each Disbursement this Period 99.68 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) La Quinta Inn & Suites Mailing Address 909 Hidden Ridge, Suite 600 City Irving State TX Zip Code 75038 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5641E024373241E9A72 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 8 Amount of Each Disbursement this Period 498.40 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Las Vegas Copiers, Inc. Mailing Address 4200 W Desert Inn Road #F City Las Vegas State NV Zip Code 89102 Purpose of Disbursement Copier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B56C1DD11BD194035AE7 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7 Amount of Each Disbursement this Period 406.20 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Lexis Nexis Mailing Address P.O. Box 933 City Dayton State OH Zip Code 45401 Purpose of Disbursement Research Software Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B943D59E96FD54BFF817 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 0 8 Amount of Each Disbursement this Period 951.75 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) MD Dept Taxation <hr/> Mailing Address 301 W. Preston Street <hr/> City Baltimore State MD Zip Code 21201 <hr/> Purpose of Disbursement Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD691B1E9B12246B1AE2 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 198.71
B.	Full Name (Last, First, Middle Initial) Mexico Antiguio <hr/> Mailing Address 25 W Main St <hr/> City Marshalltown State IA Zip Code <hr/> Purpose of Disbursement Food & Beverage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B416403B928354D4C930 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 282.80 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Michelle Mundell Makeup <hr/> Mailing Address 3022 Ferndale Street <hr/> City Kensington State MD Zip Code 20895-2751 <hr/> Purpose of Disbursement Make-up Services Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC472D38CEAC54E5AA97 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 325.00

SUBTOTAL of Disbursements This Page (optional) ▶	523.71
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Drive</p> <p>City Minneapolis State MN Zip Code 55450-1101</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD01686E9870D443A9F2</p> <p>Date of Disbursement 12 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Drive</p> <p>City Minneapolis State MN Zip Code 55450-1101</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3236016786704E268E2</p> <p>Date of Disbursement 12 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 364.61</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Drive</p> <p>City Minneapolis State MN Zip Code 55450-1101</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B789F8FBBBBF4646B4834</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 562.59</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Northwest Airlines</p> <p>Mailing Address 7500 Airline Drive</p> <p>City Minneapolis State MN Zip Code 55450-1101</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B9C9B8D53B20C40D3895</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Panera Bread</p> <p>Mailing Address 250 S. Wacker</p> <p>City Chicago State IL Zip Code 60606-6301</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1C56402929724621904</p> <p>Date of Disbursement 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 40.68</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Penske Truck Rental</p> <p>Mailing Address 4101 E. 14th Street</p> <p>City Des Moines State IA Zip Code 50313</p> <p>Purpose of Disbursement Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCF4A62DC1FFC4CA3A56</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 900.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Penske Truck Rental <hr/> Mailing Address 4101 E. 14th Street <hr/> City Des Moines State IA Zip Code 50313 <hr/> Purpose of Disbursement Transportation Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF59D39CE403242E6978 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 132.00
	[MEMO ITEM]
	Category/ Type

B. Full Name (Last, First, Middle Initial) Petty Cash <hr/> Mailing Address P.O. Box 270701 <hr/> City West Hartford State CT Zip Code 06127 <hr/> Purpose of Disbursement Reimbursement for parking, taxis, small Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF90E5D79D8A24DFFBF4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 300.00
	[MEMO ITEM]
	Category/ Type

C. Full Name (Last, First, Middle Initial) Pitney Bowes <hr/> Mailing Address PO Box 856390 <hr/> City Louisville State KY Zip Code 40285 <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B04DACBB57E664E42879 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 75.50
	[MEMO ITEM]
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	[]

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

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) QT	Transaction ID: B50D430CB92014F6BB29
	Mailing Address	Date of Disbursement 12 / 26 / 2007
	City: Des Moines State: IA Zip Code	Amount of Each Disbursement this Period 43.97
	Purpose of Disbursement: Gas	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) QT	Transaction ID: B47319F3F693C4CC2A69
	Mailing Address	Date of Disbursement 12 / 26 / 2007
	City: Des Moines State: IA Zip Code	Amount of Each Disbursement this Period 3.83
	Purpose of Disbursement: Gas	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) QT	Transaction ID: B8FE5582E5ECF442A9D4
	Mailing Address	Date of Disbursement 12 / 28 / 2007
	City: Des Moines State: IA Zip Code	Amount of Each Disbursement this Period 51.92
	Purpose of Disbursement: Gas	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) QT	Transaction ID: B9FD4F2CBE29A4B2D866
	Mailing Address	Date of Disbursement MM / DD / YYYY 12 / 28 / 2007
	City Des Moines	State IA
	Zip Code	Amount of Each Disbursement this Period 11.60
	Purpose of Disbursement Meals	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) QT	Transaction ID: B777C28E20F4D4FA9A09
	Mailing Address	Date of Disbursement MM / DD / YYYY 01 / 02 / 2008
	City Des Moines	State IA
	Zip Code	Amount of Each Disbursement this Period 52.62
	Purpose of Disbursement Gas	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Radio Shack	Transaction ID: B3B104C70207449618AA
	Mailing Address Riverfront Campus World Headquarte 300 RadioShack Circle	Date of Disbursement MM / DD / YYYY 12 / 28 / 2007
	City Forth Worth	State TX
	Zip Code 76102	Amount of Each Disbursement this Period 42.39
	Purpose of Disbursement Electronics	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Radisson Mailing Address 220 India Street City Providence State RI Zip Code 02903-4314 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BAE8DD2FB901647EFB3D Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 100.00
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Residence Inn by Marriott Mailing Address 10400 Fernwood Road City Bethesda State MD Zip Code 20817 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B475C9B21DB5F46E0AAB Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 7
	Amount of Each Disbursement this Period 298.56
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Residence Inn by Marriott Mailing Address 10400 Fernwood Road City Bethesda State MD Zip Code 20817 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB4DEAA14DE17432CA6E Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 7
	Amount of Each Disbursement this Period 445.44
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Richard Daley Studio Mailing Address 140 Huyshope Avenue City Hartford State CT Zip Code 06106 Purpose of Disbursement Photographer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD86851CDACB34592887 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8 Amount of Each Disbursement this Period 225.00
B.	Full Name (Last, First, Middle Initial) Ryan Business Systems Mailing Address 455 Governor's Hwy City South Windsor State CT Zip Code 06074 Purpose of Disbursement Copier Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B34F73E1DC2614AE1ABD Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 349.80
C.	Full Name (Last, First, Middle Initial) Southwest Airlines Mailing Address P.O. Box 36657 City Dallas State TX Zip Code 75235 Purpose of Disbursement Airfare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B00E8D06C3B1F437DBB6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7 Amount of Each Disbursement this Period 128.40 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	574.80
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36657</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD767FEC36C02412DB6F</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 128.40</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36657</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B272781FB153D429B891</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 128.50</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36657</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF387AEC360DB456582E</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 257.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36657</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B76C2CC6DA7BF4D24A56</p> <p>Date of Disbursement 01 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36657</p> <p>City Dallas State TX Zip Code 75235</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B00B92DF6A06F4486959</p> <p>Date of Disbursement 01 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 128.50</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 3307 M Street NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC297417ED45646179D9</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 196.62</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 3307 M Street NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B4889C6E87B904A48AA7</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 3307 M Street NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B369A0A86CDA5405285D</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 74.09</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 3307 M Street NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7080B8791E9B4D89BB1</p> <p>Date of Disbursement 12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 213.47</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 3307 M Street NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5F9DA4BF974F45CDACF</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 16.91</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 3307 M Street NW</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B33D7A34CA0704C649F5</p> <p>Date of Disbursement 01 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 24.30</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Super 8 Motel</p> <p>Mailing Address</p> <p>City Carroll State IA Zip Code</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2437FB1F3AF642A48C3</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 56.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Target Mailing Address 3101 Jefferson Davis Hwy City Alexandria State VA Zip Code 22305 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5793AADC5FDD4618A63 Date of Disbursement 12 / 28 / 2007
	Amount of Each Disbursement this Period 128.38
	[MEMO ITEM]
	Category/Type
B. Full Name (Last, First, Middle Initial) Target Mailing Address 3101 Jefferson Davis Hwy City Alexandria State VA Zip Code 22305 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B88B3FF9AC8E947AC9DC Date of Disbursement 12 / 28 / 2007
	Amount of Each Disbursement this Period 21.53
	[MEMO ITEM]
	Category/Type
C. Full Name (Last, First, Middle Initial) Target Mailing Address 3101 Jefferson Davis Hwy City Alexandria State VA Zip Code 22305 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC652DD68C565473EBCA Date of Disbursement 12 / 28 / 2007
	Amount of Each Disbursement this Period 10.58
	[MEMO ITEM]
	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) The Blue Strawberry</p> <p>Mailing Address</p> <p>City State Zip Code Cedar Rapids IA</p> <p>Purpose of Disbursement General Merchandise</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B50494C2F0BB4473A9A4</p> <p>Date of Disbursement MM / DD / YYYY 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 230.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) The Gelston House</p> <p>Mailing Address 8 Main Street</p> <p>City State Zip Code East Haddam CT</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BD401A8C983CE43BCA66</p> <p>Date of Disbursement MM / DD / YYYY 01 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 7504.80</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) The Hampton Inn</p> <p>Mailing Address 1020 S Frederick Ave</p> <p>City State Zip Code Dodge IA</p> <p>Purpose of Disbursement Hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B84C8D072709340959B0</p> <p>Date of Disbursement MM / DD / YYYY 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 133.28</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) The Hampton Inn</p> <p>Mailing Address 1020 S Frederick Ave</p> <p>City State Zip Code Dodge IA</p> <p>Purpose of Disbursement Hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5874B53D9D12471FB84</p> <p>Date of Disbursement MM / DD / YYYY 01 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 150.39</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) The Other Place</p> <p>Mailing Address 2214 College Street</p> <p>City State Zip Code Cedar Falls IA</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B8396FDF6A2A04E8A92E</p> <p>Date of Disbursement MM / DD / YYYY 12 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 211.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) TiVo Inc.</p> <p>Mailing Address 2160 Gold Street P.O. Box 2160</p> <p>City State Zip Code Alviso CA 95002-2160</p> <p>Purpose of Disbursement Cable Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B6AEABFDEDED02E4BDFADE</p> <p>Date of Disbursement MM / DD / YYYY 01 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 12.95</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
TiVo Inc.

Mailing Address 2160 Gold Street
P.O. Box 2160

City Alviso State CA Zip Code 95002-2160

Purpose of Disbursement
Cable Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: BDCE5A863A1F6426CA88
Date of Disbursement
01 / 22 / 2008

Amount of Each Disbursement this Period
12.95

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
TiVo Inc.

Mailing Address 2160 Gold Street
P.O. Box 2160

City Alviso State CA Zip Code 95002-2160

Purpose of Disbursement
Cable Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: BAC9329A4CBB9402CB13
Date of Disbursement
01 / 24 / 2008

Amount of Each Disbursement this Period
33.90

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Tracfone Wireless

Mailing Address 9700 NW 112th Avenue

City Miami State FL Zip Code 33178

Purpose of Disbursement
Telephone

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: B2928F47A585E4084AEC
Date of Disbursement
01 / 03 / 2008

Amount of Each Disbursement this Period
21.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ► 0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Tracfone Wireless</p> <p>Mailing Address 9700 NW 112th Avenue</p> <p>City Miami State FL Zip Code 33178</p> <p>Purpose of Disbursement Telephone Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B298FAB92C1994B0C9D9</p> <p>Date of Disbursement MM / DD / YYYY 01 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 21.38</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) U. S. Postal Service</p> <p>Mailing Address 800 K Street</p> <p>City Washington State DC Zip Code 20001</p> <p>Purpose of Disbursement Postage Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE83172D3C5EC4E7A858</p> <p>Date of Disbursement MM / DD / YYYY 02 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 369.00</p>
<p>C. Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address P.O. Box6057</p> <p>City Dearborn State MI Zip Code 48121</p> <p>Purpose of Disbursement Airfare Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B82080E21D090432D995</p> <p>Date of Disbursement MM / DD / YYYY 12 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 565.60</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	369.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A.</p> <p>Full Name (Last, First, Middle Initial) United Airlines</p> <p>Mailing Address P.O. Box6057</p> <p>City Dearborn State MI Zip Code 48121</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BEF572C87FDE14A50833</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 774.45</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B1E4274C73EAE4635996</p> <p>Date of Disbursement 12 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 158.99</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B2EEC33EB5965474598B</p> <p>Date of Disbursement 01 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 57.58</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>0.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE12E66BACC344850B83</p> <p>Date of Disbursement 01 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 384.59</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) UPS</p> <p>Mailing Address PO Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170</p> <p>Purpose of Disbursement Shipping</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B900CEA99A57942F4BE4</p> <p>Date of Disbursement 01 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 1641.46</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) USRental.com</p> <p>Mailing Address 970 Summer Street</p> <p>City Stamford State CT Zip Code 06905-5542</p> <p>Purpose of Disbursement Computer Rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BC64CBBC9046A405D905</p> <p>Date of Disbursement 01 / 04 / 2008</p> <p>Amount of Each Disbursement this Period 297.00</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) USRental.com Mailing Address 970 Summer Street City Stamford State CT Zip Code 06905-5542 Purpose of Disbursement Computer Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B31F94A0BB51F4646875 Date of Disbursement 01 / 04 / 2008 Amount of Each Disbursement this Period 396.00 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) USRental.com Mailing Address 970 Summer Street City Stamford State CT Zip Code 06905-5542 Purpose of Disbursement Computer Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF8B21249220C4C768A5 Date of Disbursement 01 / 04 / 2008 Amount of Each Disbursement this Period 1980.00 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) USRental.com Mailing Address 970 Summer Street City Stamford State CT Zip Code 06905-5542 Purpose of Disbursement Computer Rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B66D73B5DCB944AC7B0B Date of Disbursement 01 / 04 / 2008 Amount of Each Disbursement this Period 99.00 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) USRental.com <hr/> Mailing Address 970 Summer Street <hr/> City State Zip Code Stamford CT 06905-5542 <hr/> Purpose of Disbursement Computer Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B57BD1B260F2B49B5A74 Date of Disbursement 01 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 138.00 <hr/> [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) USRental.com <hr/> Mailing Address 970 Summer Street <hr/> City State Zip Code Stamford CT 06905-5542 <hr/> Purpose of Disbursement Computer Rental Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBF1C111F3C5B4401B88 Date of Disbursement 01 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 99.00 <hr/> [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) UTC <hr/> Mailing Address 1401 Eye Street, NW <hr/> City State Zip Code Washington DC 20005 <hr/> Purpose of Disbursement Airfare Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B02ADAD9443FC407C974 Date of Disbursement 02 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 37508.26

SUBTOTAL of Disbursements This Page (optional) ▶

37508.26

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) VA Dept Taxation Mailing Address Payroll Tax Dept. 2220 West Broad St. City Arlington State VA Zip Code 22204 Purpose of Disbursement Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4318B463A5A94E2A857 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8 Amount of Each Disbursement this Period 367.13
B.	Full Name (Last, First, Middle Initial) Verizon Mailing Address P.O. Box 15041 City Worcester State MA Zip Code 01615-0023 Purpose of Disbursement Equipment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B4022D76388894FBABE8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 23.84 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Webster Bank Mailing Address 185 Asylum Street City Hartford State CT Zip Code 06103-3401 Purpose of Disbursement Loan Interest payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA8EF061F679D4CBB9F4 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8 Amount of Each Disbursement this Period 7056.90

SUBTOTAL of Disbursements This Page (optional) ▶

7424.03

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Webster Bank <hr/> Mailing Address 185 Asylum Street <hr/> City Hartford State CT Zip Code 06103-3401 <hr/> Purpose of Disbursement Partial loan repayment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD731D76683B7435A821 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 166779.15
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Webster Bank <hr/> Mailing Address 185 Asylum Street <hr/> City Hartford State CT Zip Code 06103-3401 <hr/> Purpose of Disbursement Partial Loan repayment Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B40E033321B5047A0992 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 158711.84
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Jacob Breymaier <hr/> Mailing Address 4061 Grandview Court <hr/> City Toledo State OH Zip Code 43614-3340 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BF15468F169B64CFA949 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 463.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

325953.99

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Ms. Sheryl Cohen <hr/> Mailing Address 2241 North Vermont Street <hr/> City Arlington State VA Zip Code 22207-4032 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA18B24DE60EC4DB999B Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 4655.95 Category/Type
B. Full Name (Last, First, Middle Initial) Kathryn Damato <hr/> Mailing Address 10 Blackhawk Lane <hr/> City West Hartford State CT Zip Code 06117 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA8434678DD284BB7B96 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 3668.12 Category/Type
C. Full Name (Last, First, Middle Initial) Kathryn Damato <hr/> Mailing Address 10 Blackhawk Lane <hr/> City West Hartford State CT Zip Code 06117 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B617E8DC23E874729826 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2009.86 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

10333.93

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Patrick & Judi Duggan <hr/> Mailing Address 2005 Simpson Street <hr/> City Dubuque State IA Zip Code 52003-7713 <hr/> Purpose of Disbursement Rent & Utilities Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFE62BE3F47944A40B13 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8
	Amount of Each Disbursement this Period 692.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Emily Fetting <hr/> Mailing Address 4601 Roland Avenue <hr/> City Baltimore State MD Zip Code 21210-2542 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6F579A6E73E74D4DA1A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 991.49
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Emily Fetting <hr/> Mailing Address 4601 Roland Avenue <hr/> City Baltimore State MD Zip Code 21210-2542 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB34217EEA1FC4A019EA Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 991.50
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2674.99
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Ms. Katie Finn <hr/> Mailing Address 2864 Coral Court, Apt#104 <hr/> City Coralville State IA Zip Code 52241-2823 <hr/> Purpose of Disbursement Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B57CBCA0B91D545539A3 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 605.12
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mr. Vincent Frillici <hr/> Mailing Address 1100 H St., Ste.940 NW <hr/> City Washington State DC Zip Code 20005-5476 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B6AE1919729344351A1F Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1824.40
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mr. Vincent Frillici <hr/> Mailing Address 1100 H St., Ste.940 NW <hr/> City Washington State DC Zip Code 20005-5476 <hr/> Purpose of Disbursement Salary Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B0BBA171B411349C4AE8 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 1239.13
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3668.65

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Mr. Vincent E. Fusco	Transaction ID: B58A807A594014994876 Date of Disbursement 02 / 01 / 2008
	Mailing Address 3521 39th St. NW Suite E-497	Amount of Each Disbursement this Period 598.94
	City Washington State DC Zip Code 20016-3069	
	Purpose of Disbursement Travel & Office Expenses	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Mr. Vincent E. Fusco	Transaction ID: B35D1DE9D33D24165908 Date of Disbursement 02 / 01 / 2008
	Mailing Address 3521 39th St. NW Suite E-497	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20016-3069	
	Purpose of Disbursement Tech/Computer Consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Mr. Vincent E. Fusco	Transaction ID: BE35D268313B94DF488A Date of Disbursement 02 / 01 / 2008
	Mailing Address 3521 39th St. NW Suite E-497	Amount of Each Disbursement this Period 10000.00
	City Washington State DC Zip Code 20016-3069	
	Purpose of Disbursement Tech/Computer Consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	15598.94
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Ms. Euginia Gluzberg	Transaction ID: B8D5077D0EF0D419B888
	Mailing Address 1380 Paradise Avenue	Date of Disbursement MM / DD / YYYY 02 / 01 / 2008
	City Hamden State CT Zip Code 06514-1017	Amount of Each Disbursement this Period 1160.24
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) Ms. Euginia Gluzberg	Transaction ID: BB4A4E95F4C75488E90F
	Mailing Address 1380 Paradise Avenue	Date of Disbursement MM / DD / YYYY 02 / 15 / 2008
	City Hamden State CT Zip Code 06514-1017	Amount of Each Disbursement this Period 1160.24
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) Debra Greenspan	Transaction ID: BA208E9D446ED4225B08
	Mailing Address 1703 East West Highway #511	Date of Disbursement MM / DD / YYYY 02 / 01 / 2008
	City Silver Spring State MD Zip Code 20910-3031	Amount of Each Disbursement this Period 1418.90
	Purpose of Disbursement Salary	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

3739.38

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Debra Greenspan</p> <p>Mailing Address 1703 East West Highway #511</p> <p>City Silver Spring State MD Zip Code 20910-3031</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B0CDBCBB0C82345B683C</p> <p>Date of Disbursement MM / DD / YYYY 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 768.88</p>
<p>B. Full Name (Last, First, Middle Initial) Este Griffith</p> <p>Mailing Address 503 E. 35th Street</p> <p>City Baltimore State MD Zip Code 21218-2550</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BD81491A33E02432ABDA</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.37</p>
<p>C. Full Name (Last, First, Middle Initial) Kristina Mueller</p> <p>Mailing Address 379 Elm Street</p> <p>City Manchester State NH Zip Code 03101</p> <p>Purpose of Disbursement Salary Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BF718CB29671B4440A70</p> <p>Date of Disbursement MM / DD / YYYY 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 938.84</p>

SUBTOTAL of Disbursements This Page (optional)

2708.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Karen Polet

Transaction ID: B39109284A57243F8946
Date of Disbursement

Mailing Address 1725 Winding Hills Drive #305

MM / DD / YYYY
02 / 01 / 2008

City State Zip Code
Davenport IA 52806

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel & Office Supplies

341.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Kelly Jean Ronan

Transaction ID: B939B0F2FA62E43F698D
Date of Disbursement

Mailing Address 8811 Colesville Road, #424

MM / DD / YYYY
02 / 01 / 2008

City State Zip Code
Silver Spring MD 20910-4332

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

967.49

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Ms. Melissa Scully

Transaction ID: B8E2F42A1D4C44E2EB5D
Date of Disbursement

Mailing Address 4 Pine Drive

MM / DD / YYYY
02 / 01 / 2008

City State Zip Code
Unionville CT 06085-1520

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

967.49

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2275.98

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Ms. Melissa Scully</p> <p>Mailing Address 4 Pine Drive</p> <p>City Unionville State CT Zip Code 06085-1520</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B3C3775E0CB1B477C831</p> <p>Date of Disbursement MM / DD / YYYY 02 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 967.50</p>
<p>B. Full Name (Last, First, Middle Initial) Chuck Swirsky</p> <p>Mailing Address 229 Wooster Street, Apt 229</p> <p>City New Haven State CT Zip Code 06511-5711</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BCF7084165A724B0CB8C</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Cedric William</p> <p>Mailing Address 4401 Aldrich Avenue S</p> <p>City Minneapolis State MN Zip Code 55419-4821</p> <p>Purpose of Disbursement Car repairs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B53075ED63BB64A22849</p> <p>Date of Disbursement MM / DD / YYYY 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional)	3967.50
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Philip Yoo

Mailing Address 603 Irving Street, NW

City Washington State DC Zip Code 20010-2905

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B901C104F45A842D3BFC

Date of Disbursement

02 / 01 / 2008

Amount of Each Disbursement this Period

1334.11

B.

Full Name (Last, First, Middle Initial)
Philip Yoo

Mailing Address 603 Irving Street, NW

City Washington State DC Zip Code 20010-2905

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B2B2DBC6B0162436C817

Date of Disbursement

02 / 15 / 2008

Amount of Each Disbursement this Period

1334.10

SUBTOTAL of Disbursements This Page (optional)

2668.21

TOTAL This Period (last page this line number only)

509288.69

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

<p>A. Full Name (Last, First, Middle Initial) Bradley Asness</p> <p>Mailing Address 22 Dewart Rd</p> <p>City Greenwich State CT Zip Code 06830</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B410F20B63A1B4386995</p> <p>Date of Disbursement MM / DD / YYYY 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mrs. Carol Asness</p> <p>Mailing Address 22 Dewart</p> <p>City Greenwich State CT Zip Code 06830</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B7B48C9DD4D2F43038AB</p> <p>Date of Disbursement MM / DD / YYYY 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>
<p>C. Full Name (Last, First, Middle Initial) Cliff Asness</p> <p>Mailing Address 516 North St</p> <p>City Greenwich State CT Zip Code 06830</p> <p>Purpose of Disbursement Refund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA76AC59394404586A8E</p> <p>Date of Disbursement MM / DD / YYYY 02 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) Margaret Johnson <hr/> Mailing Address 18 Westwood Rd <hr/> City West Hartford State CT Zip Code 06117-2252 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BED30FAB225F34D85B4A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Joy Levin <hr/> Mailing Address 2 Chestnut Hill Drive <hr/> City Manalapan State NJ Zip Code 07726-8610 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B7425BC21E3F04A8FB3C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Michael Levin <hr/> Mailing Address 2 Chestnut Hill Drive <hr/> City Manalapan State NJ Zip Code 07726-8610 <hr/> Purpose of Disbursement Refund Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B827518E8A2EA4F8B856 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3P) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 155

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.	Full Name (Last, First, Middle Initial) Michelle Marra	Transaction ID: B825EE5D47B1448DB9D4
	Mailing Address 7 Cobtail Way	Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	City Simsbury State CT Zip Code 06070-2530	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type
B.	Full Name (Last, First, Middle Initial) Thomas Marra	Transaction ID: BA13055B9976A47ACB91
	Mailing Address 7 Cobtail Way	Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	City Simsbury State CT Zip Code 06070-2530	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type
C.	Full Name (Last, First, Middle Initial) Ms. Mindy E Nagorsky	Transaction ID: B1BE715A714464288BB8
	Mailing Address 8 Oak Valley Lane	Date of Disbursement MM / DD / YYYY 02 / 14 / 2008
	City Purchase State NY Zip Code 10577	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Category/Type

SUBTOTAL of Disbursements This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 103 / 155

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A.

Full Name (Last, First, Middle Initial)
Ms. Carolyn Surgent

Transaction ID: B543099B444574699A84

Date of Disbursement

Mailing Address 4 Idar Court
Unit B

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	0	8

City State Zip Code
Greenwich CT 06830

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

36800.00

SCHEDULE C (FEC Form 3P)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 104 / 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 19a <input checked="" type="checkbox"/> 19b

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

Transaction ID: C9F661A377D414848B83

LOAN SOURCE Full Name (Last, First, Middle Initial) Webster Bank	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 185 Asylum Street	
City Hartford State CT ZIP Code 06103-3401	
Original Amount of Loan 1302811.25	Cumulative Payment To Date 0.00
Balance Outstanding at Close of This Period 1302811.25	

TERMS

Date Incurred <table border="1"> <tr><td>M</td><td>M</td></tr> <tr><td>1</td><td>2</td></tr> </table> <table border="1"> <tr><td>D</td><td>D</td></tr> <tr><td>1</td><td>4</td></tr> </table> <table border="1"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>7</td></tr> </table>	M	M	1	2	D	D	1	4	Y	Y	Y	Y	2	0	0	7	Date Due 20080430	Interest Rate 6.750000% (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
1	2																		
D	D																		
1	4																		
Y	Y	Y	Y																
2	0	0	7																

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	1302811.25
TOTALS This Period (last page in this line only)	1302811.25
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC			Nature of Debt (Purpose): Printing
Mailing Address 1101 Penn Avenue			
City Scranton	State PA	ZIP Code 18509	

Outstanding Balance Beginning This Period 2327.31		Transaction ID: D0A1C9B9020DA4F7F9B3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2327.31	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC			Nature of Debt (Purpose): Printing
Mailing Address 1101 Penn Avenue			
City Scranton	State PA	ZIP Code 18509	

Outstanding Balance Beginning This Period 411.45		Transaction ID: D0B46426F11F0465B888	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 411.45	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC			Nature of Debt (Purpose): Printing
Mailing Address 1101 Penn Avenue			
City Scranton	State PA	ZIP Code 18509	

Outstanding Balance Beginning This Period 348.36		Transaction ID: D68AD64DCDC624C69A94	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 348.36	

1) SUBTOTALS This Period This Page (optional).....	3087.12
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Freeman			Nature of Debt (Purpose): Event Rental
Mailing Address P.O. Box 650036			
City Dallas	State TX	ZIP Code 75265-0036	

Outstanding Balance Beginning This Period <input type="text" value="2774.87"/>		Transaction ID: D762D234592FA4797973	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2774.87"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Immediacy Group			Nature of Debt (Purpose): Television
Mailing Address 1800 S Street			
City Washington	State DC	ZIP Code 20009	

Outstanding Balance Beginning This Period <input type="text" value="50000.00"/>		Transaction ID: DE079EBE7C9854073A8E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50000.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Newman and Leventhal Caterers, Inc.			Nature of Debt (Purpose): Caterer
Mailing Address 45 West 81st Street			
City New York	State NY	ZIP Code 10024-6025	

Outstanding Balance Beginning This Period <input type="text" value="2136.07"/>		Transaction ID: D2FDEA7A6FB3F461FA7F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2136.07"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="54910.94"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carter Printing			Nature of Debt (Purpose): Printing
Mailing Address 1739 East Grand Avenue			
City Des Moines	State IA	ZIP Code 50316	

Outstanding Balance Beginning This Period <input type="text" value="7233.31"/>		Transaction ID: D3239DDE2C2B14D02B40	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7233.31"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period <input type="text" value="434.09"/>		Transaction ID: D93A99FFBC04A4242996	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="434.09"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period <input type="text" value="60.76"/>		Transaction ID: D6EB2D896D8C64BA8AA9	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="60.76"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="7728.16"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period <input type="text" value="427.18"/>		Transaction ID: DC7364FE5C9E54CCCA73	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="427.18"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period <input type="text" value="259.14"/>		Transaction ID: DD45DB76A7149485EADE	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="259.14"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period <input type="text" value="1715.68"/>		Transaction ID: DFE38B3A3574543178FC	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1715.68"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2402.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period <input type="text" value="623.00"/>		Transaction ID: D4D41F6E8290A40B7B1F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="623.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period <input type="text" value="1055.11"/>		Transaction ID: D561E5E0579E7422A8F4	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1055.11"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Waste Management			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 756			
City Des Moines	State IA	ZIP Code 50303	

Outstanding Balance Beginning This Period <input type="text" value="149.94"/>		Transaction ID: D26D95FA926E146209F5	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="149.94"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1828.05"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="25037.09"/>	Transaction ID: D2550339EB07C40E994D	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25037.09"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="20016.20"/>	Transaction ID: D14FCCBCA21B449EB877	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20016.20"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period <input type="text" value="25134.72"/>	Transaction ID: D2900156C49674E41A2B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="25134.72"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="70188.01"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 25233.00	Transaction ID: DDAAD6917DA7140B1B6D	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25233.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hinckley Springs	Nature of Debt (Purpose): Water Cooler Services
Mailing Address P.O. Box 660579	
City State ZIP Code Dallas TX 75266-0579	

Outstanding Balance Beginning This Period 296.68	Transaction ID: DFD07531348F8439BA68	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 296.68

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Dubuque Leader	Nature of Debt (Purpose): Printing
Mailing Address 1527 Central Avenue	
City State ZIP Code Dubuque IA 52004	

Outstanding Balance Beginning This Period 360.50	Transaction ID: D308E0032B374413E8A3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 360.50

1) SUBTOTALS This Period This Page (optional).....	▶	25890.18
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch Brothers	Nature of Debt (Purpose): Copier
Mailing Address 325 Grand Avenue P.O. Box 1755	
City State ZIP Code Des Moines IA 50306	

Outstanding Balance Beginning This Period 126.82	Transaction ID: DFAE4308D10124EEDAE3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 126.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch Brothers	Nature of Debt (Purpose): Copier
Mailing Address 325 Grand Avenue P.O. Box 1755	
City State ZIP Code Des Moines IA 50306	

Outstanding Balance Beginning This Period 318.00	Transaction ID: D49C4F11B6E044AA5A29	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 318.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch Brothers	Nature of Debt (Purpose): Copier
Mailing Address 325 Grand Avenue P.O. Box 1755	
City State ZIP Code Des Moines IA 50306	

Outstanding Balance Beginning This Period 318.00	Transaction ID: D3176BA92E7384BCA0A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 318.00

1) SUBTOTALS This Period This Page (optional).....	▶	762.82
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 113 / 155
 FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Koch Brothers	Nature of Debt (Purpose): Copier
Mailing Address 325 Grand Avenue P.O. Box 1755	
City State ZIP Code Des Moines IA 50306	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="211.99"/>	Transaction ID: D3C51D93654FD40B59BB
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="211.99"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive	
City State ZIP Code Irvine CA 92618-4201	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="140.70"/>	Transaction ID: D40B8D89E3ABE4545B3C
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="140.70"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive	
City State ZIP Code Irvine CA 92618-4201	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="324.97"/>	Transaction ID: DC3EE07A89ADF414596B
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="324.97"/>	

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="677.66"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive			
City Irvine	State CA	ZIP Code 92618-4201	

Outstanding Balance Beginning This Period		Transaction ID: D7AA61021F4A546ABB58	
625.92			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	625.92	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive			
City Irvine	State CA	ZIP Code 92618-4201	

Outstanding Balance Beginning This Period		Transaction ID: D59D402EB48494DF2B2C	
285.25			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	285.25	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Monthly Phone Charges
Mailing Address 8808 Irvine Center Drive			
City Irvine	State CA	ZIP Code 92618-4201	

Outstanding Balance Beginning This Period		Transaction ID: DB59E8AD1B4CC46098EF	
281.01			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	281.01	

1) SUBTOTALS This Period This Page (optional).....	▶	1192.18
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 115 / 155
 FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges						
Mailing Address 8808 Irvine Center Drive							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Irvine</td> <td>CA</td> <td>92618-4201</td> </tr> </table>	City	State	ZIP Code	Irvine	CA	92618-4201	
City	State	ZIP Code					
Irvine	CA	92618-4201					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="561.93"/>	Transaction ID: DA1C685B9BFAF4CD7A76						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="561.93"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="561.93"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="561.93"/>					

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Monthly Phone Charges						
Mailing Address 8808 Irvine Center Drive							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Irvine</td> <td>CA</td> <td>92618-4201</td> </tr> </table>	City	State	ZIP Code	Irvine	CA	92618-4201	
City	State	ZIP Code					
Irvine	CA	92618-4201					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="680.73"/>	Transaction ID: D0F58D7FEFA5B4E43939						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="680.73"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="680.73"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="680.73"/>					

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ABC-Electrical Contractors	Nature of Debt (Purpose): Phone Work						
Mailing Address 10520 Hickman Road Suite ABC							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Des Moines</td> <td>IA</td> <td>50325</td> </tr> </table>	City	State	ZIP Code	Des Moines	IA	50325	
City	State	ZIP Code					
Des Moines	IA	50325					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="1866.01"/>	Transaction ID: DADFAFC251E1148F6B40						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="1866.01"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="1866.01"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="1866.01"/>					

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="3108.67"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Simard Printing			Nature of Debt (Purpose): Printing Services
Mailing Address 300 Salem Street			
City Woburn	State MA	ZIP Code 01801-2055	

Outstanding Balance Beginning This Period <input type="text" value="433.13"/>		Transaction ID: DAEB900B19D5343069F1	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="433.13"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Old Town Family Restaurant			Nature of Debt (Purpose): Food & Beverage
Mailing Address 2107 Camanche Avenue			
City Clinton	State IA	ZIP Code 52732-6036	

Outstanding Balance Beginning This Period <input type="text" value="130.00"/>		Transaction ID: D8B59DA12044449C0AE9	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="130.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MoreSound Company			Nature of Debt (Purpose): Sound Equipment
Mailing Address 102 North Street			
City Jaffrey	State NH	ZIP Code 03452-5301	

Outstanding Balance Beginning This Period <input type="text" value="400.00"/>		Transaction ID: D4310E2A2AC3D49AFB1C	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="400.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="963.13"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Washington Promotions & Printing	Nature of Debt (Purpose): Printing
Mailing Address 5125 MacArthur Blvd. NW Suite 14	
City State ZIP Code Washington DC 20016	

Outstanding Balance Beginning This Period 5547.90	Transaction ID: DE815690D20EF4A6EB02	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5547.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS	Nature of Debt (Purpose): Shippng
Mailing Address PO Box 7247-0244	
City State ZIP Code Philadephia PA 19170	

Outstanding Balance Beginning This Period 126.91	Transaction ID: D46BD2137637F4679A43	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 126.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cedar Rapids Municipal Utilities	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3255	
City State ZIP Code Cedar Rapids IA 52406	

Outstanding Balance Beginning This Period 165.81	Transaction ID: D9457B91CEE0540E8A08	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 165.81

1) SUBTOTALS This Period This Page (optional).....	5840.62
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kilkenney's			Nature of Debt (Purpose): Food & Beverage
Mailing Address 300 West 3rd Street			
City Davenport	State IA	ZIP Code 52801-1208	

Outstanding Balance Beginning This Period 220.00		Transaction ID: DE9F171102B294984BCD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 220.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cox Communications			Nature of Debt (Purpose): Internet Services
Mailing Address PO Box 6059			
City Cypress	State CA	ZIP Code 90630	

Outstanding Balance Beginning This Period 138.02		Transaction ID: DEAECEB41D358C496EAE	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 138.02	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Frontline Productions			Nature of Debt (Purpose): Lighting & Video
Mailing Address 125 Hemlock Drive			
City Deep River	State CT	ZIP Code 06417	

Outstanding Balance Beginning This Period 885.00		Transaction ID: DF269F8B8076845BAB94	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 885.00	

1) SUBTOTALS This Period This Page (optional).....	1243.02
2) TOTALS This Period (last page this line number only).....	[]
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	[]
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	[]

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Heartland Flagpoles and Flags
Nature of Debt (Purpose):
Flags

Mailing Address 3719 SW 9th Street

City State ZIP Code
Des Moines IA 50315

Outstanding Balance Beginning This Period	Transaction ID: D42D026888D4F47D198F	
436.60		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	436.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Universal Printing Company LLC
Nature of Debt (Purpose):
Printing

Mailing Address 1101 Penn Avenue

City State ZIP Code
Scranton PA 18509

Outstanding Balance Beginning This Period	Transaction ID: DC5C4695FC2C6478F875	
485.08		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	485.08

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Geoff Luxenberg
Nature of Debt (Purpose):
Reimbursement for Gas/Payment for signat

Mailing Address 249A New State Road

City State ZIP Code
Manchester CT 06042-7959

Outstanding Balance Beginning This Period	Transaction ID: D3BEB98490D8F4B87A07	
107.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	107.00

1) SUBTOTALS This Period This Page (optional).....	1028.68
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor U.S. Express Inc.			Nature of Debt (Purpose): Courier Services
Mailing Address 3240 Hubbard Road			
City Landover	State MD	ZIP Code 20785	

Outstanding Balance Beginning This Period		Transaction ID: D80871DA60A7642ADAA1	
160.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	160.24	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Metropolitan Club			Nature of Debt (Purpose): Food & Beverage
Mailing Address One East 60th Street			
City New York	State NY	ZIP Code 10022	

Outstanding Balance Beginning This Period		Transaction ID: D633B2D0BC9E641C0B52	
21459.11			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	21459.11	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: D0F2F1D778B8B4FC99B6	
755.64			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	755.64	

1) SUBTOTALS This Period This Page (optional).....	▶	22374.99
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 121 / 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan	Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue	
City Waltham State MA ZIP Code 02451	

Outstanding Balance Beginning This Period 2919.27	Transaction ID: D9A45BD2CD468457093F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2919.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan	Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue	
City Waltham State MA ZIP Code 02451	

Outstanding Balance Beginning This Period 38.96	Transaction ID: D7B85A230D64E4671B06	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 38.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan	Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue	
City Waltham State MA ZIP Code 02451	

Outstanding Balance Beginning This Period 164.80	Transaction ID: DB9074E8EDA3B4C25ABE	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 164.80

1) SUBTOTALS This Period This Page (optional).....	3123.03
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: DD0258CA80C884AB6960	
239.04			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	239.04	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: DBDF3A2CB333C4D6484D	
118.88			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	118.88	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: D74946712598A4C599FE	
298.81			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	298.81	

1) SUBTOTALS This Period This Page (optional).....	▶	656.73
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Keyspan			Nature of Debt (Purpose): Utilities
Mailing Address 52 Second Avenue			
City Waltham	State MA	ZIP Code 02451	

Outstanding Balance Beginning This Period		Transaction ID: DDF A00C779CF445C8AA6	
1481.16			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1481.16	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Printer Works			Nature of Debt (Purpose): Printer
Mailing Address 3481 Arden Road			
City Hayward	State CA	ZIP Code 94545	

Outstanding Balance Beginning This Period		Transaction ID: DFC2998A4374B4E86BCA	
819.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	819.44	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period		Transaction ID: D91E4CB1724CB455C94A	
416.01			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	416.01	

1) SUBTOTALS This Period This Page (optional).....	▶	2716.61
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 124 / 155
 FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy	Nature of Debt (Purpose): Utilities						
Mailing Address P.O. Box 8020							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Davenport</td> <td>IA</td> <td>52808-8020</td> </tr> </table>	City	State	ZIP Code	Davenport	IA	52808-8020	
City	State	ZIP Code					
Davenport	IA	52808-8020					

Outstanding Balance Beginning This Period	Transaction ID: DEC21CC9229D5404F97B	
1115.75		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1115.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy	Nature of Debt (Purpose): Utilities						
Mailing Address P.O. Box 8020							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Davenport</td> <td>IA</td> <td>52808-8020</td> </tr> </table>	City	State	ZIP Code	Davenport	IA	52808-8020	
City	State	ZIP Code					
Davenport	IA	52808-8020					

Outstanding Balance Beginning This Period	Transaction ID: DFC448EB6B1054323A65	
659.58		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	659.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy	Nature of Debt (Purpose): Utilities						
Mailing Address P.O. Box 8020							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Davenport</td> <td>IA</td> <td>52808-8020</td> </tr> </table>	City	State	ZIP Code	Davenport	IA	52808-8020	
City	State	ZIP Code					
Davenport	IA	52808-8020					

Outstanding Balance Beginning This Period	Transaction ID: D275E706E6F7F4C6C938	
72.04		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	72.04

1) SUBTOTALS This Period This Page (optional).....	1847.37
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="123.36"/>		Transaction ID: DF30D747F375F47E5882	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="123.36"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="196.90"/>		Transaction ID: DAB442CA849544E83A13	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="196.90"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="1406.57"/>		Transaction ID: DB92957A464EF4AC685D	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1406.57"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1726.83"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="65.24"/>		Transaction ID: D7B3E6DAFE5CE4AFB9B8	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="65.24"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MidAmerican Energy			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 8020			
City Davenport	State IA	ZIP Code 52808-8020	

Outstanding Balance Beginning This Period <input type="text" value="78.77"/>		Transaction ID: D2F929A7374FC4A50B84	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="78.77"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jim VanDusseldorp			Nature of Debt (Purpose): Bus Servicing
Mailing Address 2406 15th Ave. N.			
City Clear Lake	State IA	ZIP Code 50428-2037	

Outstanding Balance Beginning This Period <input type="text" value="92.50"/>		Transaction ID: DECE5259C4BB240ADB7	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="92.50"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="236.51"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor TVEyes, Inc.			Nature of Debt (Purpose): Media Services
Mailing Address 2150 Post Road			
City Fairfield	State CT	ZIP Code 06824	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>		Transaction ID: D421D5108046A4FA4973	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TVEyes, Inc.			Nature of Debt (Purpose): Media Services
Mailing Address 2150 Post Road			
City Fairfield	State CT	ZIP Code 06824	

Outstanding Balance Beginning This Period <input type="text" value="500.00"/>		Transaction ID: DF1403972FFAD472384D	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="500.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City Seattle	State WA	ZIP Code 98111	

Outstanding Balance Beginning This Period <input type="text" value="1062.75"/>		Transaction ID: D61C348CBB0624AED874	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1062.75"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="2062.75"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 128 / 155
 FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="669.82"/>	Transaction ID: D6224518C358E4E34936
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="669.82"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="474.82"/>	Transaction ID: DD4C14996C4ED457DBEB
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="474.82"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="657.85"/>	Transaction ID: D160BB52601F3469FBFA
Amount Incurred This Period <input style="width: 100%;" type="text" value="0.00"/>	Payment This Period <input style="width: 100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width: 100%;" type="text" value="657.85"/>	

1) SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="1802.49"/>
2) TOTALS This Period (last page this line number only).....	<input style="width: 100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input style="width: 100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone	
Mailing Address Business Services PO Box 91154		
City State ZIP Code Seattle WA 98111		

Outstanding Balance Beginning This Period 471.50	Transaction ID: DE70EBFB35F4E4F5BBA8	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 471.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone	
Mailing Address Business Services PO Box 91154		
City State ZIP Code Seattle WA 98111		

Outstanding Balance Beginning This Period 58.58	Transaction ID: DC07FD8583E3F4BA58CA	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 58.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone	
Mailing Address Business Services PO Box 91154		
City State ZIP Code Seattle WA 98111		

Outstanding Balance Beginning This Period 418.15	Transaction ID: DA397374A80A8418D9FD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 418.15

1) SUBTOTALS This Period This Page (optional).....	▶	948.23
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City Seattle	State WA	ZIP Code 98111	

Outstanding Balance Beginning This Period		Transaction ID: DA3182C7E844C4F039CE	
575.42			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	575.42	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City Seattle	State WA	ZIP Code 98111	

Outstanding Balance Beginning This Period		Transaction ID: D703363A20B0E44A7A6C	
431.46			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	431.46	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest			Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154			
City Seattle	State WA	ZIP Code 98111	

Outstanding Balance Beginning This Period		Transaction ID: DE2EA2BD913EF4C59A0F	
106.73			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	106.73	

1) SUBTOTALS This Period This Page (optional).....	▶	1113.61
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 131 / 155
 FOR LINE NUMBER: (check only one) 11 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">677.36</div>	Transaction ID: DF660180FF5C543E886F
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">677.36</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Qwest	Nature of Debt (Purpose): Telephone
Mailing Address Business Services PO Box 91154	
City State ZIP Code Seattle WA 98111	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">622.51</div>	Transaction ID: DA75CCBF704CB4716B86
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">622.51</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066	
City State ZIP Code Cedar Rapids IA 52406	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">540.80</div>	Transaction ID: D4DB84BA83BD34248B12
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">540.80</div>	

1) SUBTOTALS This Period This Page (optional).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;">1840.67</div>
2) TOTALS This Period (last page this line number only).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: 0 auto;"> </div>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period <input type="text" value="852.59"/>		Transaction ID: D21C371285AF1401F9CB	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="852.59"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period <input type="text" value="254.12"/>		Transaction ID: D637921B16CAA45B19B6	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="254.12"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period <input type="text" value="877.55"/>		Transaction ID: D6F4061A34DE04783A3F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="877.55"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1984.26"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 133 / 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy	Nature of Debt (Purpose): Utilities	
Mailing Address PO Box 3066		
City Cedar Rapids State IA ZIP Code 52406		

Outstanding Balance Beginning This Period	Transaction ID: DF36117C0589D4D9C911	
50.75		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	50.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy	Nature of Debt (Purpose): Utilities	
Mailing Address PO Box 3066		
City Cedar Rapids State IA ZIP Code 52406		

Outstanding Balance Beginning This Period	Transaction ID: D5B3618F71E3745EC9DD	
401.72		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	401.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy	Nature of Debt (Purpose): Utilities	
Mailing Address PO Box 3066		
City Cedar Rapids State IA ZIP Code 52406		

Outstanding Balance Beginning This Period	Transaction ID: DE6029EBE091B415FB6D	
239.60		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	239.60

1) SUBTOTALS This Period This Page (optional).....	▶	692.07
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Alliant Energy			Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3066			
City Cedar Rapids	State IA	ZIP Code 52406	

Outstanding Balance Beginning This Period		Transaction ID: DBA39930B48064589AB5	
263.55			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	263.55	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Allied Telecom			Nature of Debt (Purpose): Internet Services
Mailing Address PO BOx 758792			
City Baltimore	State MD	ZIP Code 21275	

Outstanding Balance Beginning This Period		Transaction ID: DEA9D9C89FC7F444DAD8	
850.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	850.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor COVAD			Nature of Debt (Purpose): Internet Services
Mailing Address Dept. 33408 PO BOx 39000			
City San Francisco	State CA	ZIP Code 94139	

Outstanding Balance Beginning This Period		Transaction ID: D5E78BD6138D849C8A7B	
1535.76			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1535.76	

1) SUBTOTALS This Period This Page (optional).....	▶	2649.31
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor COVAD	Nature of Debt (Purpose): Internet Services
Mailing Address Dept. 33408 PO BOX 39000	
City State ZIP Code San Francisco CA 94139	

Outstanding Balance Beginning This Period 1056.76	Transaction ID: D7FB209F7C488450BA73	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1056.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Free Media, Inc.	Nature of Debt (Purpose): Reimbursement for Travel Expenses
Mailing Address 777 West End Avenue #5C	
City State ZIP Code New York NY 10025	

Outstanding Balance Beginning This Period 635.01	Transaction ID: DF03B1B1603F54C5183C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 635.01

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Free Media, Inc.	Nature of Debt (Purpose): Reimbursement for Phone Expenses
Mailing Address 777 West End Avenue #5C	
City State ZIP Code New York NY 10025	

Outstanding Balance Beginning This Period 150.09	Transaction ID: D142C4EE26CC3459DA22	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.09

1) SUBTOTALS This Period This Page (optional).....	1841.86
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Travelers	Nature of Debt (Purpose): Insurance
Mailing Address CL & Specialty Remittance Center Remittance Box 96359	
City State ZIP Code Hartford CT 06183-1008	

Outstanding Balance Beginning This Period 10330.00	Transaction ID: D490B4AF8A85D4E99B96	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10330.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ExxonMobil	Nature of Debt (Purpose): Gasoline
Mailing Address P.O. Box 688938	
City State ZIP Code Des Moines IA 50368-8938	

Outstanding Balance Beginning This Period 241.86	Transaction ID: D303F42DD72104352BB3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 241.86

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ExxonMobil	Nature of Debt (Purpose): Gasoline
Mailing Address P.O. Box 688938	
City State ZIP Code Des Moines IA 50368-8938	

Outstanding Balance Beginning This Period 429.36	Transaction ID: D2591D51138CC454BA3F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 429.36

1) SUBTOTALS This Period This Page (optional).....	▶ 11001.22
2) TOTALS This Period (last page this line number only).....	▶
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verham News Corp.			Nature of Debt (Purpose): Rent
Mailing Address P.O. Box 706			
City White River Junct	State VT	ZIP Code 05001-0706	

Outstanding Balance Beginning This Period		Transaction ID: DE2E3D979014F4B2194A	
910.28			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	910.28	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Cable & Internet
Mailing Address PO Box 1577			
City Newark	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period		Transaction ID: D3A3A16E658A34B44B21	
351.30			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	351.30	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 1577			
City Newark	State NJ	ZIP Code 07101	

Outstanding Balance Beginning This Period		Transaction ID: D054E2AB68F284AAA9A7	
513.74			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	513.74	

1) SUBTOTALS This Period This Page (optional).....	▶	1775.32
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Service of New Hampshire			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 360			
City	State	ZIP Code	
Manchester	NH	03105-0360	

Outstanding Balance Beginning This Period		Transaction ID: DD1D454DB157C4318B67	
376.44			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	376.44	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Service of New Hampshire			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 360			
City	State	ZIP Code	
Manchester	NH	03105-0360	

Outstanding Balance Beginning This Period		Transaction ID: DE82D6F912C4D47CB9A5	
246.08			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	246.08	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Service of New Hampshire			Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 360			
City	State	ZIP Code	
Manchester	NH	03105-0360	

Outstanding Balance Beginning This Period		Transaction ID: D5B30D2CCB1A941208DC	
993.78			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	993.78	

1) SUBTOTALS This Period This Page (optional).....	▶	1616.30
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 139 / 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Public Service of New Hampshire	Nature of Debt (Purpose): Utilities
Mailing Address P.O. Box 360	
City State ZIP Code Manchester NH 03105-0360	

Outstanding Balance Beginning This Period 131.82	Transaction ID: D5B0C3B4DA75E4096B6A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 131.82

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Operations UnLimited, Inc.	Nature of Debt (Purpose): Office Operations
Mailing Address 113 Hilands Place	
City State ZIP Code Pittsburgh PA 15237	

Outstanding Balance Beginning This Period 280.00	Transaction ID: D7C7D4BF737944E5A9A0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 280.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Operations UnLimited, Inc.	Nature of Debt (Purpose): Office Operations Consult- ing
Mailing Address 113 Hilands Place	
City State ZIP Code Pittsburgh PA 15237	

Outstanding Balance Beginning This Period 2648.11	Transaction ID: D0126046A41F34134AE6	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2648.11

1) SUBTOTALS This Period This Page (optional).....	▶	3059.93
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 140 / 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pentimento Design LLC	Nature of Debt (Purpose): Reindeer decorations
Mailing Address 1133 Mapleton Avenue	
City State ZIP Code Suffield CT 06078	

Outstanding Balance Beginning This Period 212.00	Transaction ID: DF4C1AA581F164ADAB6A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 212.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mason City Public Utilities	Nature of Debt (Purpose): Utilities
Mailing Address 10 First Street Northwest	
City State ZIP Code Mason City IA 50401-3224	

Outstanding Balance Beginning This Period 123.36	Transaction ID: DDE7D15C566704EE4997	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 123.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast	Nature of Debt (Purpose): Cable Service
Mailing Address P.O. Box 3005	
City State ZIP Code Southeastern PA 19398-3005	

Outstanding Balance Beginning This Period 197.56	Transaction ID: D1327435AF7974016BBD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 197.56

1) SUBTOTALS This Period This Page (optional).....	▶	532.92
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast			Nature of Debt (Purpose): Cable
Mailing Address P.O. Box 3005			
City Southeastern	State PA	ZIP Code 19398-3005	

Outstanding Balance Beginning This Period		Transaction ID: D77C21BCA099B4529A8B	
130.78			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	130.78	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660720			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period		Transaction ID: DF9E84213BC0C4FA4959	
22.28			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	22.28	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Reimbursement for Gas/Pay- ment for signat
Mailing Address PO Box 660720			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period		Transaction ID: D1F3CD639871A479893D	
107.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	107.00	

1) SUBTOTALS This Period This Page (optional).....	▶	260.06
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660720			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period		Transaction ID: D0A801840ADAA424FBF4	
6277.73			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	6277.73	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VFW Post 775			Nature of Debt (Purpose): Space Rental
Mailing Address 702 West Main Street			
City Ottumwa	State IA	ZIP Code 52501-2226	

Outstanding Balance Beginning This Period		Transaction ID: D9F4487EF4F6F4DB6923	
150.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	150.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period		Transaction ID: DC05308729895455AAF0	
647.11			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	647.11	

1) SUBTOTALS This Period This Page (optional).....	▶	7074.84
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 143 / 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041	
City State ZIP Code Worcester MA 01615-0023	

Outstanding Balance Beginning This Period 896.07	Transaction ID: D03866EA927C6487BAA8	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 896.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041	
City State ZIP Code Worcester MA 01615-0023	

Outstanding Balance Beginning This Period 694.96	Transaction ID: D7AA2635D35294D99959	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 694.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041	
City State ZIP Code Worcester MA 01615-0023	

Outstanding Balance Beginning This Period 983.75	Transaction ID: DAC79A50A402441AB9DA	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 983.75

1) SUBTOTALS This Period This Page (optional).....	▶	2574.78
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period 320.68		Transaction ID: DAB48C0D1D9BF48E2819	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 320.68	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 15041			
City Worcester	State MA	ZIP Code 01615-0023	

Outstanding Balance Beginning This Period 1646.22		Transaction ID: D684E05F5028F4B9FA8C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1646.22	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Des Moines Theatrical Shop			Nature of Debt (Purpose): Costume Rental
Mailing Address 145 5th Street			
City West Des Moines	State IA	ZIP Code 50265	

Outstanding Balance Beginning This Period 106.00		Transaction ID: D7952AAF64B9C4F0997B	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 106.00	

1) SUBTOTALS This Period This Page (optional).....	▶	2072.90
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 145 / 155
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Des Moines Water Works	Nature of Debt (Purpose): Utilities
Mailing Address 2201 George Flagg Parkway	
City State ZIP Code Des Moines IA 50321-1190	

Outstanding Balance Beginning This Period 117.91	Transaction ID: D1475748209CF4A0092F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 117.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor REMAX Results Realty	Nature of Debt (Purpose): Rent and Utilities
Mailing Address 202 1st NW	
City State ZIP Code Mason City IA 50401	

Outstanding Balance Beginning This Period 1036.46	Transaction ID: D14F42980C9EF465D8A0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1036.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jocelyn Augustino Photogrpaher	Nature of Debt (Purpose): Photographer
Mailing Address 3416 Gunston Road	
City State ZIP Code Alexandria VA 22302-2134	

Outstanding Balance Beginning This Period 69.00	Transaction ID: D0781506CE4AC48A0805	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 69.00

1) SUBTOTALS This Period This Page (optional).....	1223.37
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deaf Services Unlimited	Nature of Debt (Purpose): Interpreting Service
Mailing Address Suite 170	
City State ZIP Code Des Moines IA 50309	

Outstanding Balance Beginning This Period	Transaction ID: DF8A44964B3424CC3B77	
130.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	130.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Drink More Water	Nature of Debt (Purpose): Water Delivery
Mailing Address Montgomery County Airpark 7595-A Rickenbacker Drive	
City State ZIP Code Gaithersburg MD 20879	

Outstanding Balance Beginning This Period	Transaction ID: DCDE895EA2CFC4A338ED	
32.50		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	32.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor NexGen	Nature of Debt (Purpose): Utilities
Mailing Address 10500 Hickman Road Ste J	
City State ZIP Code Clive IA 50325-3706	

Outstanding Balance Beginning This Period	Transaction ID: D2FBA9339003447ADB22	
235.36		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	235.36

1) SUBTOTALS This Period This Page (optional).....	397.86
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Mediacom			Nature of Debt (Purpose): Cable
Mailing Address P.O. Box 5744			
City Carol Stream	State IL	ZIP Code 60197-5744	

Outstanding Balance Beginning This Period		Transaction ID: D34D4235A01F441BAA58	
92.37			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	92.37	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WHO Newsradio 1040			Nature of Debt (Purpose): Recording Services
Mailing Address 2141 Grand Avenue			
City Des Moines	State IA	ZIP Code 50312	

Outstanding Balance Beginning This Period		Transaction ID: D5CA66406DA5143F7848	
400.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	400.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DC Treasurer			Nature of Debt (Purpose): Parking Fine
Mailing Address Adjudication Services PO Box 2014			
City Washington	State DC	ZIP Code 20013	

Outstanding Balance Beginning This Period		Transaction ID: DF17F5AFCCC744C43A1E	
5.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	5.00	

1) SUBTOTALS This Period This Page (optional).....	▶	497.37
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
 Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Storefront Political Media			Nature of Debt (Purpose): Photographer
Mailing Address 250 Sutter Street, Suite 650			
City San Francisco	State CA	ZIP Code 94108	

Outstanding Balance Beginning This Period 537.08		Transaction ID: DDB39DC1EDB03445B8B5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 537.08	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bi-State Cartridge Service, Inc.			Nature of Debt (Purpose): Office Supplies
Mailing Address 1325 15th Street			
City Moline	State IL	ZIP Code 61265	

Outstanding Balance Beginning This Period 130.54		Transaction ID: D163D453900874450889	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 130.54	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct TV			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 60036			
City Los Angeles	State CA	ZIP Code 90060	

Outstanding Balance Beginning This Period 166.33		Transaction ID: D8A78FBAECFAE431F9D3	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 166.33	

1) SUBTOTALS This Period This Page (optional).....	▶	833.95
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct TV			Nature of Debt (Purpose):
Mailing Address PO Box 60036			
City Los Angeles	State CA	ZIP Code 90060	

Outstanding Balance Beginning This Period <input type="text" value="6000.00"/>		Transaction ID: D85A3B16436524DB49E1	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6000.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct TV			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 60036			
City Los Angeles	State CA	ZIP Code 90060	

Outstanding Balance Beginning This Period <input type="text" value="44.26"/>		Transaction ID: DBC6FF85AE35C41E68CA	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="44.26"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Direct TV			Nature of Debt (Purpose): Cable Service
Mailing Address PO Box 60036			
City Los Angeles	State CA	ZIP Code 90060	

Outstanding Balance Beginning This Period <input type="text" value="32.22"/>		Transaction ID: D98583EF190B742F4B0A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="32.22"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="6076.48"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Air Charter Team, Inc.	Nature of Debt (Purpose): Transportation
Mailing Address 10015 N.W. Ambassador Drive Suite 202	
City State ZIP Code Kansas City MO 64153	

Outstanding Balance Beginning This Period 1304.61	Transaction ID: DCAA2DBC5CEA94CD089C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1304.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Zahara's Cafe & Bakery, Inc.	Nature of Debt (Purpose): Food & Beverage
Mailing Address 525 Washington Blvd, 2nd Flr	
City State ZIP Code Jersey City NJ 07310	

Outstanding Balance Beginning This Period 2500.00	Transaction ID: DD281F4AE8DC34BC7B93	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Charles George Trucking Co., Inc.	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 857	
City State ZIP Code Londonberry NH 03053	

Outstanding Balance Beginning This Period 535.52	Transaction ID: D6710E52FE45143BEBAF	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 535.52

1) SUBTOTALS This Period This Page (optional).....	4340.13
2) TOTALS This Period (last page this line number only).....	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Embarq			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660068			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period		Transaction ID: DBF0B293CD60A40ED8E0	
1064.16			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1064.16	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Embarq			Nature of Debt (Purpose): Telephone
Mailing Address PO Box 660068			
City Dallas	State TX	ZIP Code 75266	

Outstanding Balance Beginning This Period		Transaction ID: DF4A4422265684FB29B9	
378.82			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	378.82	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Universal Printing Company LLC			Nature of Debt (Purpose): Fees
Mailing Address 1101 Penn Avenue			
City Scranton	State PA	ZIP Code 18509	

Outstanding Balance Beginning This Period		Transaction ID: DF477C3FE35E04A05B7F	
136.05			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	136.05	

1) SUBTOTALS This Period This Page (optional).....	▶	1579.03
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Northern Business Machines			Nature of Debt (Purpose): Rental
Mailing Address 24 Terry Avenue			
City Burlington	State MA	ZIP Code 01803	

Outstanding Balance Beginning This Period <input type="text" value="698.00"/>		Transaction ID: DF72BE3ADBBB14CB9BC7	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="698.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period <input type="text" value="654.70"/>		Transaction ID: D85F46E8E7DAD48BEB1F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="654.70"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadephia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period <input type="text" value="28.03"/>		Transaction ID: DC9F5FFBBA56345A0A2F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="28.03"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="1380.73"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period <input type="text" value="123.32"/>		Transaction ID: D51DCEF2884624EE6A6A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="123.32"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T			Nature of Debt (Purpose): Telephone
Mailing Address P.O. Box 8110			
City Aurora	State IL	ZIP Code 60572	

Outstanding Balance Beginning This Period <input type="text" value="32.02"/>		Transaction ID: D6373232E88D84479928	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="32.02"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadephia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period <input type="text" value="6.35"/>		Transaction ID: DBA9563936FE04325AD0	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="6.35"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="161.69"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Carter Printing			Nature of Debt (Purpose): Finance Charge
Mailing Address 1739 East Grand Avenue			
City Des Moines	State IA	ZIP Code 50316	

Outstanding Balance Beginning This Period		Transaction ID: D7499897E1ABB4EE2962	
110.59			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	110.59	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Heartland Flagpoles and Flags			Nature of Debt (Purpose): Flags
Mailing Address 3719 SW 9th Street			
City Des Moines	State IA	ZIP Code 50315	

Outstanding Balance Beginning This Period		Transaction ID: D92D91DF93AE6487B8F3	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
215.00	0.00	215.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor UPS			Nature of Debt (Purpose): Shipping
Mailing Address PO Box 7247-0244			
City Philadelphia	State PA	ZIP Code 19170	

Outstanding Balance Beginning This Period		Transaction ID: DE08118377ADA4771A83	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
3.04	0.00	3.04	

1) SUBTOTALS This Period This Page (optional).....	▶	328.63
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3P)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

11
 12

NAME OF COMMITTEE (In Full)
Chris Dodd For President Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor IAFF FIREPAC	Nature of Debt (Purpose): Transportation Costs
Mailing Address Attn: David B. Billy 1750 New York Ave, NW	
City State ZIP Code Washington DC 20006-5305	

Outstanding Balance Beginning This Period 0.00	Transaction ID: DE8437A16695047AC84E	
Amount Incurred This Period 32233.24	Payment This Period 0.00	Outstanding Balance at Close of This Period 32233.24

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon Corporate Real Estate	Nature of Debt (Purpose): Rent
Mailing Address Mail Code FLG1-300 8800 Adamo Drive	
City State ZIP Code Tampa FL 33619	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D3856747E818749188BE	
Amount Incurred This Period 23250.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 23250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cedar Rapids Municipal Utilities	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 3255	
City State ZIP Code Cedar Rapids IA 52406	

Outstanding Balance Beginning This Period 0.00	Transaction ID: D0E366AACBEEB484CB02	
Amount Incurred This Period 53.51	Payment This Period 0.00	Outstanding Balance at Close of This Period 53.51

1) SUBTOTALS This Period This Page (optional).....	55536.75
2) TOTALS This Period (last page this line number only).....	330792.82
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	1302811.25
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1633604.07