48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of $1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL: Friends of Rosa DeLauro
ADDRESS (number and street): 49 Huntington Street
CITY, STATE, and ZIP CODE: New Haven, CT 06511

2. NAME OF CANDIDATE: Rosa DeLauro

3. OFFICE SOUGHT (State and District): CT/03

C00238845
06-1282159
4. FEC IDENTIFICATION NUMBER

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.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
CRNA PAC Amer. Assoc. of Nurse Anesthetists 412 First St., SE, Suite 12 Washington, DC 20003	N/A	7/20/00	1000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount

SIGNATURE (optional)

DATE: 7/20/00

For further information contact:
Federal Election Commission
999 E Street, NW, Washington, DC 20463
Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 6
(11/93)

FEMA\22