

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

12FE4M5

LORI FOR CONGRESS 2014

ADDRESS (number and street) ▼

943 OCEAN AVE

Check if different than previously reported. (ACC)

NEW LONDON

CT

06320

2. **FEC IDENTIFICATION NUMBER ▼**

C C00554956

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

CT

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on MM / DD / YYYY in the State of

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

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

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 07 / 24 / 2014

through

MM / DD / YYYY 09 / 30 / 2014

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 Victoria Laine Taskoski

Signature of Treasurer Victoria Laine Taskoski

[Electronically Filed]

Date

MM / DD / YYYY 10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
LORI FOR CONGRESS 2014

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13359.87	33401.43
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13359.87	33401.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17433.49	44298.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17433.49	44298.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	40102.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	51000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

LORI FOR CONGRESS 2014

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 24 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9349.31	15513.81
(ii) Unitemized.....	4010.56	11887.62
(iii) TOTAL of contributions from individuals ▶	13359.87	27401.43
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	6000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13359.87	33401.43
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	51000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	51000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13359.87	84401.43

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17433.49	44298.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17433.49	44298.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	44176.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13359.87
25. SUBTOTAL (add Line 23 and Line 24).....	57536.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17433.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	40102.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
Joseph M. Brucella

Mailing Address 18 Jakobs Lndg

City Westbrook State CT Zip Code 06498

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

Name of Employer Life Care Services LLC Occupation Senior Living Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2014

Transaction ID : SA11AI.5330

Amount of Each Receipt this Period
 500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Canterbury Shopping Centerr, LLC

Mailing Address 46 Taugwonk Spur Unit 8

City Stonington State CT Zip Code 06378

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11AI.5378

Amount of Each Receipt this Period
 500.00

In-kind - Use of office space in Gristmill Plaza

C. Full Name (Last, First, Middle Initial)
Canterbury Shopping Centerr, LLC

Mailing Address 46 Taugwonk Spur Unit 8

City Stonington State CT Zip Code 06378

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2014

Transaction ID : SA11AI.5380

Amount of Each Receipt this Period
 500.00

In-kind - Use of office space in Gristmill Plaza

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
LORI HOPKINS CAVANAGH

Mailing Address 943 OCEAN AVE

City NEW LONDON State CT Zip Code 06320

FEC ID number of contributing federal political committee. **C H4CT02068**

Name of Employer Self-employed Occupation real estate broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
51025.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 30 / 2014

Transaction ID : SA11AI.5317

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

B. Full Name (Last, First, Middle Initial)
Judith Davies

Mailing Address 332 Joshuatown Rd

City Lyme State CT Zip Code 06371

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

Name of Employer N/A Occupation N/A

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.5356

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

C. Full Name (Last, First, Middle Initial)
Tom Foley

Mailing Address 62 Khakum Wood Rd

City Greenwich State CT Zip Code 06831

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

Name of Employer NTC Group Occupation Business Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period
 Contribution **2600.00**

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

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

2875.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. J David Kelsey		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2014	
Mailing Address 3 Lake Dr		Transaction ID : SA11AI.5332	
City Old Lyme	State CT	Zip Code 06371	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Hamilton Point Investments	Occupation Owner/Managing Principal		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 500.00		

Full Name (Last, First, Middle Initial) B. Paul Maugle		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address PO Box 220		Transaction ID : SA11AI.5310	
City Ledyard	State CT	Zip Code 06339	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00	
Name of Employer Maugle Sierra Vineyards	Occupation winemaker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 250.00		

Full Name (Last, First, Middle Initial) C. Linda McMahon		Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2014	
Mailing Address 14 Hurlingham Dr		Transaction ID : SA11AI.4972	
City Greenwich	State CT	Zip Code 06831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2600.00	
Name of Employer Executive	Occupation Self-employed		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date Contribution 2600.00		

SUBTOTAL of Receipts This Page (optional).....	3100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Sarah M. Pawlick		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2014	
Mailing Address 880 Pequot Trail		Transaction ID : SA11AI.4918	
City Stonington	State CT	Zip Code 06378	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 300.00	
Name of Employer N/A	Occupation N/A		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 300.00	

Full Name (Last, First, Middle Initial) B. Donald Peters		Date of Receipt M M / D D / Y Y Y Y 08 / 27 / 2014	
Mailing Address 16 Dorothy St		Transaction ID : SA11AI.5307	
City Enfield	State CT	Zip Code 06082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00	
Name of Employer CIT Services LLC	Occupation Software Developer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 225.00	

Full Name (Last, First, Middle Initial) C. Donald Peters		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014	
Mailing Address 16 Dorothy St		Transaction ID : SA11AI.5350	
City Enfield	State CT	Zip Code 06082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 25.00	
Name of Employer CIT Services LLC	Occupation Software Developer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date Contribution 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Donald Peters		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2014
Mailing Address 16 Dorothy St		Transaction ID : SA11AI.5358
City Enfield	State CT	
Zip Code 06082		Amount of Each Receipt this Period Contribution 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer CIT Services LLC	Occupation Software Developer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 275.00	

Full Name (Last, First, Middle Initial) B. Dennis R. Savage		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2014
Mailing Address 382 South Burnham Hwy.		Transaction ID : SA11AI.5372
City Lisbon	State CT	
Zip Code 06351		Amount of Each Receipt this Period In-kind - automotive repair 299.31
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 799.31	

Full Name (Last, First, Middle Initial) C. Vernon Republican Town Committee		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2014
Mailing Address 7 Rheel St		Transaction ID : SA11AI.5374
City Rockville	State CT	
Zip Code 06066		Amount of Each Receipt this Period In-kind - Use of office space 150.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00	

SUBTOTAL of Receipts This Page (optional).....	474.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

A. Full Name (Last, First, Middle Initial)
Vernon Republican Town Committee

Mailing Address 7 Rheel St

City State Zip Code
Rockville CT 06066

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2014

Transaction ID : SA11AI.5376

Amount of Each Receipt this Period
150.00
In-kind - Use of office space

B. Full Name (Last, First, Middle Initial)
Waterford Republican Women

Mailing Address 60 Cross Rd

City State Zip Code
Waterford CT 06385

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2014

Transaction ID : SA11AI.5010

Amount of Each Receipt this Period
400.00
Contribution

C. Full Name (Last, First, Middle Initial)
Kie Westby

Mailing Address 50 Union St

City State Zip Code
Thomaston CT 06787

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

Name of Employer Occupation
Self-employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2014

Transaction ID : SA11AI.4976

Amount of Each Receipt this Period
500.00
Contribution

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

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

1050.00

9349.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement MM / DD / YYYY 08 / 09 / 2014
Mailing Address 208 S Akard St		Amount of Each Disbursement this Period 140.04 Transaction ID : SB17.4917
City Dallas State TX Zip Code 75202	Purpose of Disbursement Phone & Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 09 / 06 / 2014
Mailing Address 208 S Akard St		Amount of Each Disbursement this Period 206.18 Transaction ID : SB17.5000
City Dallas State TX Zip Code 75202	Purpose of Disbursement Phone & Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Canterbury Shopping Centerr, LLC		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 46 Taugwonk Spur Unit 8		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5379
City Stonington State CT Zip Code 06378	Purpose of Disbursement In-kind - Use of office space in Gristmill Plaza Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	846.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Canterbury Shopping Centerr, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014
Mailing Address 46 Taugwonk Spur Unit 8		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5381
City Stonington	State CT Zip Code 06378	
Purpose of Disbursement In-kind - Use of office space in Gristmill Plaza		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Charles F. Catania III		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 1 McShane Ranch Rd		Amount of Each Disbursement this Period 1135.00 Transaction ID : SB17.5287
City Uncasville	State CT Zip Code 06382	
Purpose of Disbursement Pay for services rendered for the campaign		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. LORI HOPKINS CAVANAGH		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 943 OCEAN AVE		Amount of Each Disbursement this Period 63.00 Transaction ID : SB17.4905
City NEW LONDON	State CT Zip Code 06320	
Purpose of Disbursement Petty Cash		Category/ Type
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CT	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	1698.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Connecticut Light & Power		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address PO Box 650032		Amount of Each Disbursement this Period 98.32 Transaction ID : SB17.4853
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Lighting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Connecticut Light & Power		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address PO Box 650032		Amount of Each Disbursement this Period 157.45 Transaction ID : SB17.4924
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Lighting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Connecticut Light & Power		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address PO Box 650032		Amount of Each Disbursement this Period 75.10 Transaction ID : SB17.5003
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Lighting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	330.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Connecticut Light & Power		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address PO Box 650032		Amount of Each Disbursement this Period 63.20 Transaction ID : SB17.5004
City Dallas	State TX	
Zip Code 75265	Purpose of Disbursement Lighting	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Democracy Engine, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2014
Mailing Address 850 Quincy Street, NW #402		Amount of Each Disbursement this Period 2.07 Transaction ID : SB17.4852
City Washington	State DC	
Zip Code 20011	Purpose of Disbursement fundraising expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Democracy Engine, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 850 Quincy Street, NW #402		Amount of Each Disbursement this Period 103.72 Transaction ID : SB17.4894
City Washington	State DC	
Zip Code 20011	Purpose of Disbursement Fundraising expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	168.99
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Democracy Engine, LLC			Date of Disbursement MM / DD / YYYY 08 / 07 / 2014	
Mailing Address 850 Quincy Street, NW #402			Amount of Each Disbursement this Period 6.02	
City Washington	State DC	Zip Code 20011	Transaction ID : SB17.4902	
Purpose of Disbursement Fundraising expense		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Democracy Engine, LLC			Date of Disbursement MM / DD / YYYY 08 / 14 / 2014	
Mailing Address 850 Quincy Street, NW #402			Amount of Each Disbursement this Period 4.33	
City Washington	State DC	Zip Code 20011	Transaction ID : SB17.5294	
Purpose of Disbursement Fundraising expense		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Democracy Engine, LLC			Date of Disbursement MM / DD / YYYY 08 / 21 / 2014	
Mailing Address 850 Quincy Street, NW #402			Amount of Each Disbursement this Period 9.22	
City Washington	State DC	Zip Code 20011	Transaction ID : SB17.5302	
Purpose of Disbursement Fundraising expense		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	19.57
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Democracy Engine, LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014		
Mailing Address 850 Quincy Street, NW #402			Amount of Each Disbursement this Period 28.39		
City Washington	State DC	Zip Code 20011	Transaction ID : SB17.5320		
Purpose of Disbursement Fundraising expense		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Democracy Engine, LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014		
Mailing Address 850 Quincy Street, NW #402			Amount of Each Disbursement this Period 11.85		
City Washington	State DC	Zip Code 20011	Transaction ID : SB17.5341		
Purpose of Disbursement Fundraising expense		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Democracy Engine, LLC			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2014		
Mailing Address 850 Quincy Street, NW #402			Amount of Each Disbursement this Period 11.29		
City Washington	State DC	Zip Code 20011	Transaction ID : SB17.5351		
Purpose of Disbursement Contribution		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	51.53
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Dirt Cheap Signs		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 7301 Bar K Ranch Rd		Amount of Each Disbursement this Period 665.73
City Lago Vista	State TX	
Zip Code 78645	Purpose of Disbursement Yard Signs	Transaction ID : SB17.4944
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Envelopes.com		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 5300 New Horizons Blvd		Amount of Each Disbursement this Period 372.79
City Amityville	State NY	
Zip Code 11701	Purpose of Disbursement envelopes	Transaction ID : SB17.4998
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 100.00
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Advertising	Transaction ID : SB17.4879
Candidate Name	004 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1138.52
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 37.46 Transaction ID : SB17.5383
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Promoted posts	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 251.94 Transaction ID : SB17.5386
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Promoted posts	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 10.60 Transaction ID : SB17.5385
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Promoted posts	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

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

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

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

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Facebook, Inc.		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 122.17 Transaction ID : SB17.5384
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Promoted posts	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Devin Keehner		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 55 Renee Drive		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4897
City Pawcatuck	State CT	
Zip Code 06379	Purpose of Disbursement Paid for services rendered	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Devin Keehner		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 55 Renee Drive		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4921
City Pawcatuck	State CT	
Zip Code 06379	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1522.17
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Devin Keehner		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 55 Renee Drive		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4942
City Pawcatuck	State CT	
Zip Code 06379	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Devin Keehner		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2014
Mailing Address 55 Renee Drive		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4994
City Pawcatuck	State CT	
Zip Code 06379	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. James McGill		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 48 Jerry Daniels		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4908
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement Pay for services rendered	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. James McGill		Date of Disbursement MM / DD / YYYY 08 / 11 / 2014
Mailing Address 48 Jerry Daniels		Amount of Each Disbursement this Period 134.68 Transaction ID : SB17.4911
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement rembursed for campaign-use cell phone	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. James McGill		Date of Disbursement MM / DD / YYYY 08 / 22 / 2014
Mailing Address 48 Jerry Daniels		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4920
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. James McGill		Date of Disbursement MM / DD / YYYY 09 / 02 / 2014
Mailing Address 48 Jerry Daniels		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4940
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement Pay for services rendered for the capmaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1334.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Minuteman Press		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 176 State St		Amount of Each Disbursement this Period 444.53 Transaction ID : SB17.4948
City New London	State CT	
Zip Code 06320	Purpose of Disbursement Paper goods & campaign materials	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Dan Newmyer		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2014
Mailing Address 32 Centre St		Amount of Each Disbursement this Period 3454.23 Transaction ID : SB17.5393
City Mansfield Center	State CT	
Zip Code 06350	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Nino's Pizzeria		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2014
Mailing Address 1031 Route 32 Units 6 & 7		Amount of Each Disbursement this Period 20.98 Transaction ID : SB17.4871
City Uncasville	State CT	
Zip Code 06382	Purpose of Disbursement Dining	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3919.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Nino's Pizzeria		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2014
Mailing Address 1031 Route 32 Units 6 & 7		Amount of Each Disbursement this Period 124.33
City Uncasville	State CT	
Zip Code 06382		
Purpose of Disbursement Dining - food		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Nino's Pizzeria		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2014
Mailing Address 1031 Route 32 Units 6 & 7		Amount of Each Disbursement this Period 21.44
City Uncasville	State CT	
Zip Code 06382		
Purpose of Disbursement Dining - food		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Nino's Pizzeria		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 1031 Route 32 Units 6 & 7		Amount of Each Disbursement this Period 3.72
City Uncasville	State CT	
Zip Code 06382		
Purpose of Disbursement Dining - food		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	149.49
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Dennis R. Savage		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 382 South Burnham Hwy.		Amount of Each Disbursement this Period 999.31 Transaction ID : SB17.5373
City Lisbon	State CT	
Zip Code 06351	Purpose of Disbursement In-kind - automotive repair	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Hayden Schwarm		Date of Disbursement MM / DD / YYYY 08 / 08 / 2014
Mailing Address 44 South Road		Amount of Each Disbursement this Period 560.00 Transaction ID : SB17.4913
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement Pay for services rendered	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Hayden Schwarm		Date of Disbursement MM / DD / YYYY 08 / 15 / 2014
Mailing Address 44 South Road		Amount of Each Disbursement this Period 140.00 Transaction ID : SB17.4922
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	999.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 31		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Hayden Schwarm		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014
Mailing Address 44 South Road		Amount of Each Disbursement this Period 140.00 Transaction ID : SB17.4941
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Hayden Schwarm		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 44 South Road		Amount of Each Disbursement this Period 140.00 Transaction ID : SB17.4995
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Hayden Schwarm		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 44 South Road		Amount of Each Disbursement this Period 140.00 Transaction ID : SB17.5286
City Marlborough	State CT	
Zip Code 06447	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	420.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Staples			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2014	
Mailing Address 292 US Route 1			Amount of Each Disbursement this Period 65.91	
City New London	State CT	Zip Code 06320	Transaction ID : SB17.4950	
Purpose of Disbursement Office supplies		Category/ Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Staples			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014	
Mailing Address 292 US Route 1			Amount of Each Disbursement this Period 76.23	
City New London	State CT	Zip Code 06320	Transaction ID : SB17.4952	
Purpose of Disbursement Office supplies		Category/ Type 006		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Sunoco - New London			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2014	
Mailing Address 440 Ocean Ave			Amount of Each Disbursement this Period 103.97	
City New London	State CT	Zip Code 06320	Transaction ID : SB17.4962	
Purpose of Disbursement Gasoline		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	246.11
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Sunoco - New London		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 440 Ocean Ave		Amount of Each Disbursement this Period 109.12 Transaction ID : SB17.4990
City New London	State CT	
Zip Code 06320	Purpose of Disbursement Gasoline	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Victoria Laine Taskoski		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 139 North Burnham Highway		Amount of Each Disbursement this Period 320.00 Transaction ID : SB17.4912
City Lisbon	State CT	
Zip Code 06351	Purpose of Disbursement Pay for services rendered	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Victoria Laine Taskoski		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2014
Mailing Address 139 North Burnham Highway		Amount of Each Disbursement this Period 96.00 Transaction ID : SB17.4923
City Lisbon	State CT	
Zip Code 06351	Purpose of Disbursement Pay for services rendered for the campaign	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	525.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Victoria Laine Taskoski		Date of Disbursement MM / DD / YYYY 08 / 29 / 2014
Mailing Address 139 North Burnham Highway		Amount of Each Disbursement this Period 96.00 Transaction ID : SB17.4943
City Lisbon State CT Zip Code 06351	Purpose of Disbursement Pay for services rendered for the campaign Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Victoria Laine Taskoski		Date of Disbursement MM / DD / YYYY 09 / 30 / 2014
Mailing Address 139 North Burnham Highway		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.5285
City Lisbon State CT Zip Code 06351	Purpose of Disbursement Pay for services rendered for the campaign Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Vernon Republican Town Committee		Date of Disbursement MM / DD / YYYY 08 / 01 / 2014
Mailing Address 7 Rheel St		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.5375
City Rockville State CT Zip Code 06066	Purpose of Disbursement In-kind - Use of office space Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	326.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LORI FOR CONGRESS 2014

Full Name (Last, First, Middle Initial) A. Vernon Republican Town Committee			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2014	
Mailing Address 7 Rheel St			Amount of Each Disbursement this Period 150.00	
City Rockville	State CT	Zip Code 06066	Transaction ID : SB17.5377	
Purpose of Disbursement In-kind - Use of office space		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Waterford Main Office			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014	
Mailing Address 222 Boston Post Rd			Amount of Each Disbursement this Period 40.00	
City Waterford	State CT	Zip Code 06385	Transaction ID : SB17.4882	
Purpose of Disbursement Caller Service		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	190.00
TOTAL This Period (last page this line number only).....	15586.32

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4320

LORI FOR CONGRESS 2014

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

LORI HOPKINS CAVANAGH

Primary
 General
 Other (specify) ▼

Mailing Address
943 OCEAN AVE

City State ZIP Code
NEW LONDON CT 06320

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
01 / 27 / 2014 M M / D D / 11/04/2014 4.00 % (apr) Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 1000.00
TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **LORI FOR CONGRESS 2014** Transaction ID : **SC/10.4321**

LOAN SOURCE Full Name (Last, First, Middle Initial) **LORI HOPKINS CAVANAGH** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 943 OCEAN AVE

City State ZIP Code
 NEW LONDON CT 06320

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred M 03 / D 05 / Y 2014	Date Due M M / D D / Y 11/04/2014	Interest Rate 4.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------------	-------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	50000.00
TOTALS This Period (last page in this line only).....	51000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.