REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT V

Example: If typing, type over the lines.


|  |
| :---: |


2. FEC IDENTIFICATION NUMBER

CITY
3. IS THIS

STATE A

Fimended
$\left(\begin{array}{llll}0 & 0 & 1 & 0,6\end{array}\right.$
4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:

## April 15

[]
July 15
Quarterly Report (Q2)
October 15
Quarterly Report (Q3)
January 31
Year-End Report (YE)


July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report
(TER) (TER)
(Chose
5. Covering Period
(b) Monthly Report Due On:

Mar 20 (M3) NEW
(N) OR

through


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 Gerald M. Noonan

Signature of Treasurer


Date


NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. $\S 437 \mathrm{~g}$.

| FE7AN014 |
| :--- | | Office |
| :---: |
| Use |
| Only | L



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

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

## Write or Type Committee Name

Connecticut Bankers Association Political Action Committee

| Report Covering the Period: From: | $\left\lvert\, \begin{gathered} 19 \\ 0 \\ 0 \end{gathered}\right.$ | To: |  |
| :---: | :---: | :---: | :---: |
| I. Receipts | COLUMN A Total This Period |  | COLUMN B <br> Calendar Year-to-Date |

11. Contributions (other than loans) From:
(a) Individuals/Persons Other

Than Political Committees
(i) Itemized (use Schedule A)
(ii) Unitemized
(iii) TOTAL (add

Lines 11 (a)(i) and (ii) $\qquad$ .
(b) Political Party Committees
(c) Other Political Committees (such as PACs) $\qquad$
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) $\qquad$ ..
12. Transfers From Affiliated/Other Party Committees $\qquad$
13. All Loans Received
14. Loan Repayments Received
15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5). $\qquad$
(c) Total Transfers (add 18(a) and 18(b))..


19. Total Receipts (add Lines 11(d),
$12,13,14,15,16,17$, and 18(c)) $\qquad$

20. Total Federal Receipts
(subtract Line 18(c) from Line 19) $\qquad$

要:-47
(10,

FEC Form 3X (Rev. 02/2003)
II. Disbursements
21. Operating Expenditures:
(a) Allocated Federal/Non-Federal
Activit (from Schedul H4)..........
(i) Federal Share ..................
30. Federal Election Activity (2 U.S.C. $\$ 431(20)$ )
(a) Allocated Federal Election Activity (from Schedule H6)
(i) Federal Share $\qquad$
(ii) "Levin" Share. $\qquad$
$\qquad$
(b) Federal Election Activity Paid Entirely With Federal Funds
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) $\qquad$ $\rightarrow$





## III. Net Contributions/ Operating Expenditures

33. Total Contributions (other than loans) (from Line 11 (d), page 3)
34. Total Contribution Refunds (from Line 28(d))
35. Net Contributions (other than loans) (subtract Line 34 from Line 33 )
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))
37. Offsets to Operating Expenditures (from Line 15, page 3).
38. Net Operating Expenditures (subtract Line 37 from Line 36)
36) 

$\qquad$
$\qquad$




| COLUMN A | COLUMN B |
| :---: | :---: |
| Ctal This Period | Calendar Year-to-Date |

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1 OF 1 (check only one)


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)
Connecticut Bankers Association Political Action Committee
Full Name (Last, First, Middle Initial)
A. $\qquad$ Mailing Address


Date of Receipt
SUBTOTAL of Receipts This Page (optional)................................................................... $\quad$,

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: $\quad$ PAGE 1 OF 1 (check only one)


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NAME OF COMMITTEE (In Full)

## Connecticut Bankers Association Political Action Committee

Full Name (Last, First, Middle Initial)

| Mailing Address <br> 850 Main Street |  |
| :---: | :---: |
| City Bridgeport | State Zip Code <br> $C T$ 06601 |
| FEC ID number of contributing federal political committee. | Ci $0.017801,2$ |
| Name of Employer | Occupation |
| Receipt For:$\square$Primary <br> $\square$ Other (specify) $\nabla$ | Aggregate Year-to-Date $\square$ |

Full Name (Last, First, Middle Initial)
B. Webster Bankpac - Federal Mailing Address

| 145_Bank Street |  |  |
| :--- | :--- | :--- |
| City | State | Zip Code |
| Waterbury | CT | 06702 |

FEC ID number of contributing
federal political committee.

| Name of Employer | Occupation |
| :---: | :---: |
| Receipt For: |  |
| Primary NTV General | (1) |
| Other (specify) ${ }^{\text {V }}$ | 1000 |

Date of Recèipt
Amount of Each Receipt this Period


## SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS



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)

## Connecticut Bankers Association Political Action Committee

Full Name (Last, First, Middle Initial)
A.

Committee to Elect Chris Murphy
Mailing Address
P. O. Box 127

| City |  |  |
| :---: | :---: | :---: |
| Cheshire . | State | Zip Code |
| 06410 |  |  |



Amount of Each Disbursement this Period


## Full Name (Last, First, Middle Initial)

B.

Date of Disbursement



Amount of Each Disbursement this Period A
c.

| Mailing Address |
| :--- |
| City |
| Purpose of Disbursement |
| Candidate Name |
| Office Sought: |
|  |
| State: |
|  |



Amount of Each Disbursement this Period A


| SUBTOTAL of Disbursements This Page (optional)..................................................... ${ }^{\text {a }}$ - |  |
| :---: | :---: |
| TOTAL This Period (last page this line number |  |



