

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

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 checked="" type="checkbox"/> General

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

<input type="checkbox"/> April 15 Quarterly Report <input checked="" 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: <table style="width:100%;"> <tr> <td><input type="checkbox"/> February 20</td> <td><input type="checkbox"/> June 20</td> <td><input type="checkbox"/> October 20</td> </tr> <tr> <td><input type="checkbox"/> March 20</td> <td><input type="checkbox"/> July 20</td> <td><input type="checkbox"/> November 20</td> </tr> <tr> <td><input type="checkbox"/> April 20</td> <td><input type="checkbox"/> August 20</td> <td><input type="checkbox"/> December 20</td> </tr> <tr> <td><input type="checkbox"/> May 20</td> <td><input type="checkbox"/> September 20</td> <td><input type="checkbox"/> January 31</td> </tr> </table> <input type="checkbox"/> Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____ <input type="checkbox"/> Thirtieth day report following the General Election on _____ on _____	<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20	<input 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
<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20											
<input 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											

IS THIS REPORT AN AMENDMENT YES NO

5. COVERING PERIOD	FROM 04/01/2009	THROUGH 06/30/2009
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SUMMARY		
6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD	99264.43
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)	0.40
8. SUBTOTAL (Lines 6 and 7)	.....	99264.83
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	.....	27456.98
10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8)	.....	71807.85
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)	.....	136185.47
13. EXPENDITURES SUBJECT TO LIMITATION	.....	15347095.37
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)	.....	9476869.95
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)	.....	15352335.37

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 01/31/2011
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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

(PAGE 2, FEC FORM 3P)

Name of committee (in full) Chris Dodd For President Inc		Report Covering the Period From: 04/01/2009 To: 06/30/2009	
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	1961741.71	
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	0.00	10078771.95	
(b) Political Party Committees	0.00	100.00	
(c) Other Political Committees	0.00	760698.30	
(d) The Candidate	0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))	0.00	10839570.25	
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	0.00	126636.07	
(b) Fundraising	0.00	5240.00	
(c) Legal and Accounting	0.00	0.00	
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))	0.00	131876.07	
21. OTHER RECEIPTS (Dividend, Interest, etc.)	0.40	-304702.43	
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	0.40	18670301.85	
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES	27456.98	15478971.44	
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	440110.00	
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	1302811.25	
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	1302811.25	
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	0.00	1190442.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	172258.30	
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	0.00	1362700.30	
29. OTHER DISBURSEMENTS	0.00	11000.00	
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	27456.98	18595592.99	
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 / 36
 (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	694906.41
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	0.00	2510687.16	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
Massachusetts	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	0.00	3237648.79

**Schedule B-P
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

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) 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: BD96F7AC4DCE345F38AC Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 71.00
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: B78073262175F484CB61 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 77.98
C.	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: B3B84CF57C801468BBA8 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 90.04

SUBTOTAL of Disbursements This Page (optional) ▶

239.02

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

Schedule B-P 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) Advantage Payroll Services</p> <p>Mailing Address 126 Marrow Road</p> <p>City Auburn State ME Zip Code 04210</p> <p>Purpose of Disbursement Payroll Processing Fee</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: BFA96B2925E694984869</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 72.79</p> <p>Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Advantage Payroll Services</p> <p>Mailing Address 126 Marrow Road</p> <p>City Auburn State ME Zip Code 04210</p> <p>Purpose of Disbursement Payroll Processing Fee</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: B021328D68BCE478BA5E</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 72.79</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Advantage Payroll Services</p> <p>Mailing Address 126 Marrow Road</p> <p>City Auburn State ME Zip Code 04210</p> <p>Purpose of Disbursement Processing Payroll</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: B6854A2254428429BB7E</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 72.79</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

218.37

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

**Schedule B-P
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) 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 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: B26ABD6BF5917487DB7A Date of Disbursement 05 / 01 / 2009 Amount of Each Disbursement this Period 6000.00 Category/ Type
B.	Full Name (Last, First, Middle Initial) Authorize.net Mailing Address 915 South 500 East, Ste. 200 City American Fork State UT Zip Code 84003-3373 Purpose of Disbursement Monthly Fee 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: B2376627BF4314C6FA38 Date of Disbursement 04 / 02 / 2009 Amount of Each Disbursement this Period 25.00 Category/ Type
C.	Full Name (Last, First, Middle Initial) Authorize.net Mailing Address 915 South 500 East, Ste. 200 City American Fork State UT Zip Code 84003-3373 Purpose of Disbursement Monthly Fee 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: B813A9014ED3D4E58BF2 Date of Disbursement 05 / 04 / 2009 Amount of Each Disbursement this Period 25.00 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6050.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**Schedule B-P
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) Authorize.net Mailing Address 915 South 500 East, Ste. 200 City American Fork State UT Zip Code 84003-3373 Purpose of Disbursement Monthly 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: BB4CCFCACF8114B278B6 Date of Disbursement 06 / 02 / 2009 Amount of Each Disbursement this Period 25.00 Category/Type
B.	Full Name (Last, First, Middle Initial) BankCard Mailing Address City State Zip Code Purpose of Disbursement Monthly 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: BFF43F1CB74914B278C9 Date of Disbursement 04 / 03 / 2009 Amount of Each Disbursement this Period 34.95 Category/Type
C.	Full Name (Last, First, Middle Initial) BankCard Mailing Address City State Zip Code Purpose of Disbursement Monthly 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: B1B0C6C2669204287A20 Date of Disbursement 05 / 04 / 2009 Amount of Each Disbursement this Period 34.95 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	94.90
TOTAL This Period (last page this line number only) ▶	(Empty box)

Schedule B-P 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) BankCard Mailing Address City State Zip Code Purpose of Disbursement Monthly 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: B9543D82DCD5E45F6A4D Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 73.95
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) CT Dept Taxation Mailing Address 25 Sigourney St. City State Zip Code 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: B7896E13C20B644A59D4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 71.56
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) CT Dept Taxation Mailing Address 25 Sigourney St. City State Zip Code 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: B4AA1CB125B0F4A3B9F8 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 40.31
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	185.82
TOTAL This Period (last page this line number only) ▶	(Empty box)

Schedule B-P 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) CT Dept Taxation</p> <p>Mailing Address 25 Sigourney St.</p> <p>City Hartford State CT Zip Code 06106</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: BA76F17DBACA44459BF7</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 40.31</p>
<p>B. Full Name (Last, First, Middle Initial) CT Dept Taxation</p> <p>Mailing Address 25 Sigourney St.</p> <p>City Hartford State CT Zip Code 06106</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: B9995FD58BBA142A99FE</p> <p>Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 40.31</p>
<p>C. Full Name (Last, First, Middle Initial) CT Dept Taxation</p> <p>Mailing Address 25 Sigourney St.</p> <p>City Hartford State CT Zip Code 06106</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: B45B68BD2F2BD4B699D6</p> <p>Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 357.29</p>

SUBTOTAL of Disbursements This Page (optional) ▶

437.91

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

**Schedule B-P
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) CT Dept Taxation</p> <p>Mailing Address 25 Sigourney St.</p> <p>City Hartford State CT Zip Code 06106</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: B3DF995D9445C42CAAB8</p> <p>Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 40.31</p>
<p>B. 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: B7B2B51B58D6746A5B3B</p> <p>Date of Disbursement 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 365.03</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: BCD1384F020044A28A11</p> <p>Date of Disbursement 04 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 365.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

770.39

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

Schedule B-P 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 <hr/> Mailing Address P.O. Box 8530 <hr/> City Philadelphia State PA Zip Code 19162 <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: B98E94EBF1A56412AB99 Date of Disbursement 05 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 365.05
B.	Full Name (Last, First, Middle Initial) IRS <hr/> Mailing Address P.O. Box 8530 <hr/> City Philadelphia State PA Zip Code 19162 <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: B4FC2F635A9F341059E8 Date of Disbursement 05 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 365.05
C.	Full Name (Last, First, Middle Initial) IRS <hr/> Mailing Address P.O. Box 8530 <hr/> City Philadelphia State PA Zip Code 19162 <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: B6BCA8489400E428F9A2 Date of Disbursement 06 / 01 / 2009 <hr/> Amount of Each Disbursement this Period 2884.70

SUBTOTAL of Disbursements This Page (optional) ▶

3614.80

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

Schedule B-P 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) IRS <hr/> Mailing Address P.O. Box 8530 <hr/> City Philadelphia State PA Zip Code 19162 <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: B36E84781948E4CF09E6 Date of Disbursement 06 / 15 / 2009 <hr/> Amount of Each Disbursement this Period 365.03
B.	Full Name (Last, First, Middle Initial) Wired for Change, Inc. <hr/> Mailing Address 1700 Connecticut Ave., NW Suite 403 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement Internet 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: BCB8F6BB177A64A89B5F Date of Disbursement 05 / 04 / 2009 <hr/> Amount of Each Disbursement this Period 2400.00
C.	Full Name (Last, First, Middle Initial) Wired for Change, Inc. <hr/> Mailing Address 1700 Connecticut Ave., NW Suite 403 <hr/> City Washington State DC Zip Code 20009 <hr/> Purpose of Disbursement List Management 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: BBCBB600AB7984AE4BB7 Date of Disbursement 06 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 1600.00

SUBTOTAL of Disbursements This Page (optional) ▶

4365.03

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

Schedule B-P 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) Kathryn Damato Mailing Address 10 Blackhawk Lane City West Hartford State CT Zip Code 06117-2903 Purpose of Disbursement Salary 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: B3714800F3A994906967 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 9 Amount of Each Disbursement this Period 1074.84
B.	Full Name (Last, First, Middle Initial) Kathryn Damato Mailing Address 10 Blackhawk Lane City West Hartford State CT Zip Code 06117-2903 Purpose of Disbursement Salary 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: B5B0AFBB441C74920BDC Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9 Amount of Each Disbursement this Period 1074.83
C.	Full Name (Last, First, Middle Initial) Kathryn Damato Mailing Address 10 Blackhawk Lane City West Hartford State CT Zip Code 06117-2903 Purpose of Disbursement Salary 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: B063E8729848F485EA6D Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 9 Amount of Each Disbursement this Period 1074.83

SUBTOTAL of Disbursements This Page (optional) ▶	3224.50
TOTAL This Period (last page this line number only) ▶	[Empty Box]

Schedule B-P 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) Kathryn Damato <hr/> Mailing Address 10 Blackhawk Lane <hr/> City West Hartford State CT Zip Code 06117-2903 <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: B044E15CD0E184F05860 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 174.83
	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) Kathryn Damato <hr/> Mailing Address 10 Blackhawk Lane <hr/> City West Hartford State CT Zip Code 06117-2903 <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: B4E80CDDDB767E4440A1A Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period 4629.92
	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) Kathryn Damato <hr/> Mailing Address 10 Blackhawk Lane <hr/> City West Hartford State CT Zip Code 06117-2903 <hr/> Purpose of Disbursement Reimbursement 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: BF58C7D3D66794781936 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2376.65
	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) ▶

7181.40

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

**Schedule B-P
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)
Kathryn Damato

Mailing Address 10 Blackhawk Lane

City State Zip Code
West Hartford CT 06117-2903

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: BDAF83E8C6FEF4FFE9C3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1074.84

SUBTOTAL of Disbursements This Page (optional)

1074.84

TOTAL This Period (last page this line number only)

27456.98

Schedule D-P
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 958.74		Transaction ID: D06FE0A4EF1384B299BD	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 958.74	

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 335.50		Transaction ID: D079F7773ED3A429F995	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 335.50	

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 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	

1) SUBTOTALS This Period This Page (optional).....	1614.92
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-P
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 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	

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 647.11		Transaction ID: DC05308729895455AAF0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 647.11	

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 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	

1) SUBTOTALS This Period This Page (optional).....	▶	3189.40
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-P
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 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

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 Mason City State IA ZIP Code 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 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 669.82	Transaction ID: D6224518C358E4E34936	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 669.82

1) SUBTOTALS This Period This Page (optional).....	▶	2401.24
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-P
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 657.85	Transaction ID: D160BB52601F3469FBFA	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 657.85

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 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

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 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

1) SUBTOTALS This Period This Page (optional).....	1187.93
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-P
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 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

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 575.42	Transaction ID: DA3182C7E844C4F039CE	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 575.42

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 431.46	Transaction ID: D703363A20B0E44A7A6C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 431.46

1) SUBTOTALS This Period This Page (optional).....	1425.03
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-P
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 106.73	Transaction ID: DE2EA2BD913EF4C59A0F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 106.73

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 622.51	Transaction ID: DA75CCBF704CB4716B86	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 622.51

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 State ZIP Code West Des Moines IA 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).....	▶	835.24
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-P
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 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 <input type="text" value="138.02"/>		Transaction ID: DEAECEB41D358C496EAEB	
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="138.02"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verham News			Nature of Debt (Purpose): Rent
Mailing Address P.O. Box 706			
City White Riv Jct	State VT	ZIP Code 05001-0706	

Outstanding Balance Beginning This Period <input type="text" value="910.28"/>		Transaction ID: DE2E3D979014F4B2194A	
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="910.28"/>	

C. 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 <input type="text" value="160.24"/>		Transaction ID: D80871DA60A7642ADAA1	
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="160.24"/>	

1) SUBTOTALS This Period This Page (optional).....	▶	<input type="text" value="1208.54"/>
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-P
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 Old Town Family Restaurant			Nature of Debt (Purpose): Food & Beverage
Mailing Address 2107 Camanche Avenue			
City	State	ZIP Code	
Clinton	IA	52732-6036	

Outstanding Balance Beginning This Period		Transaction ID: D8B59DA12044449C0AE9	
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 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		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	

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	State	ZIP Code	
San Francisco	CA	94139	

Outstanding Balance Beginning This Period		Transaction ID: D7FB209F7C488450BA73	
1056.76			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1056.76	

1) SUBTOTALS This Period This Page (optional).....	▶	2722.52
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-P
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 Home Front Communications			Nature of Debt (Purpose): Video
Mailing Address 1121 14th Street NW			
City Washington	State DC	ZIP Code 20005-5641	

Outstanding Balance Beginning This Period 6000.00		Transaction ID: D9C275736AC4E46B69DC	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6000.00	

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 22.28		Transaction ID: DF9E84213BC0C4FA4959	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 22.28	

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 92.50		Transaction ID: DECE5259C4BB240ADBB7	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 92.50	

1) SUBTOTALS This Period This Page (optional).....	▶	6114.78
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-P
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 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 <input type="text" value="150.00"/>		Transaction ID: D9F4487EF4F6F4DB6923	
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="150.00"/>	

B. 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 <input type="text" value="220.00"/>		Transaction ID: DE9F171102B294984BCD	
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="220.00"/>	

C. 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 <input type="text" value="351.30"/>		Transaction ID: D3A3A16E658A34B44B21	
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="351.30"/>	

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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-P
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 239.04		Transaction ID: DD0258CA80C884AB6960	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 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 1481.16		Transaction ID: DDFA00C779CF445C8AA6	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1481.16	

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 400.00		Transaction ID: D4310E2A2AC3D49AFB1C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00	

1) SUBTOTALS This Period This Page (optional).....	2120.20
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-P
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 Service
Mailing Address P.O. Box 3005			
City Southeastern	State PA	ZIP Code 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	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Geoff Luxenberg			Nature of Debt (Purpose): Reimbursement for gas & signatures
Mailing Address 249A New State Road			
City Manchester	State CT	ZIP Code 06042-7959	

Outstanding Balance Beginning This Period 107.00		Transaction ID: D8E19BDBD0BE84CDFB6C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 107.00	

C. 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 400.00		Transaction ID: D5CA66406DA5143F7848	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 400.00	

1) SUBTOTALS This Period This Page (optional).....	▶	704.56
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-P
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 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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Telegraph	Nature of Debt (Purpose): Subscription
Mailing Address PO Box 1008	
City State ZIP Code Nashua NH 03061	

Outstanding Balance Beginning This Period 20.81	Transaction ID: D1D76CBB4EBC7498F81D	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20.81

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Interstate Power and Light Co.	Nature of Debt (Purpose): Utilities
Mailing Address PO Box 5007	
City State ZIP Code Dubuque IA 52004-5007	

Outstanding Balance Beginning This Period 250.36	Transaction ID: DF8C3EA191F814F5C94C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 250.36

1) SUBTOTALS This Period This Page (optional).....	421.26
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-P
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 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 2136.07		Transaction ID: D2FDEA7A6FB3F461FA7F	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2136.07	

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 1064.16		Transaction ID: DBF0B293CD60A40ED8E0	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1064.16	

C. 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 378.82		Transaction ID: DF4A4422265684FB29B9	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 378.82	

1) SUBTOTALS This Period This Page (optional).....	▶	3579.05
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-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 30 / 36
 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="153.03"/>	Transaction ID: D40B8D89E3ABE4545B3C						
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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="153.03"/>					

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="364.55"/>	Transaction ID: DC3EE07A89ADF414596B						
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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="364.55"/>					

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							
<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"/>					

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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-P
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 State ZIP Code Irvine CA 92618-4201	

Outstanding Balance Beginning This Period 660.55	Transaction ID: D0F58D7FEFA5B4E43939	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 660.55

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Big Ten Rentals, Inc.	Nature of Debt (Purpose): Bases
Mailing Address 1820 Boyrum St	
City State ZIP Code Iowa City IA 52240-4555	

Outstanding Balance Beginning This Period 34.82	Transaction ID: D9CE80039AE0F470B870	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 34.82

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

Outstanding Balance Beginning This Period 266.02	Transaction ID: D13EE948ED74B4BE0B66	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 266.02

1) SUBTOTALS This Period This Page (optional).....	961.39
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-P
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 <input type="text" value="537.08"/>		Transaction ID: DDB39DC1EDB03445B8B5	
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="537.08"/>	

B. 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 <input type="text" value="19.14"/>		Transaction ID: DBAEE80A9C8F14CBF964	
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="19.14"/>	

C. 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 <input type="text" value="92.37"/>		Transaction ID: D34D4235A01F441BAA58	
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4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

Schedule D-P
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 Des Moines	State IA	ZIP Code 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 Grand Colony			Nature of Debt (Purpose): Lodging
Mailing Address 2824 Grand Avenue, #218			
City Des Moines	State IA	ZIP Code 50312	

Outstanding Balance Beginning This Period		Transaction ID: D232577C9B94046BB9A9	
153.50			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	153.50	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor IAFF FIREPAC			Nature of Debt (Purpose): Rental & Bus Wrap
Mailing Address Attn: David B. Billy 1750 New York Ave, NW			
City Washington	State DC	ZIP Code 20006-5305	

Outstanding Balance Beginning This Period		Transaction ID: DE8437A16695047AC84E	
32233.24			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
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1) SUBTOTALS This Period This Page (optional).....	▶	32823.34
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-P
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 10000.00	Transaction ID: D76E8E67033CC4385B66	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

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 State ZIP Code Aurora IL 60572	

Outstanding Balance Beginning This Period 312.07	Transaction ID: DD365AF099EC8458EBE5	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 312.07

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

Outstanding Balance Beginning This Period 12218.23	Transaction ID: D009B107509464ACF93C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12218.23

1) SUBTOTALS This Period This Page (optional).....	22530.30
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-P
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 Consulting Services
Mailing Address Centralized Accounting Dept. 1201 Third Ave., 40th Floor	
City State ZIP Code Seattle WA 98101-3099	

Outstanding Balance Beginning This Period 12151.74	Transaction ID: D7001504DB52642CE816	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12151.74

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

Outstanding Balance Beginning This Period 12046.59	Transaction ID: DEE6A4D77FA7A412F956	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12046.59

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

Outstanding Balance Beginning This Period 11927.67	Transaction ID: D4AB38D1C46384341B16	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 11927.67

1) SUBTOTALS This Period This Page (optional).....	▶	36126.00
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-P
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 36 / 36
	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 Perkins Coie	Nature of Debt (Purpose): Legal Consulting 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="11823.58"/>	Transaction ID: DF7FE46652AE4441E811	
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="11823.58"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Consulting 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="0.00"/>	Transaction ID: DEA5024F12CD748EFB9B	
Amount Incurred This Period <input type="text" value="1946.79"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1946.79"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="13770.37"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="136185.47"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="136185.47"/>