



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Roraback for Congress**

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))....	113666.42	536625.50
(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)).....	113666.42	536625.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	122331.85	270232.34
(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)).....	122331.85	270232.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	258893.16	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

Roraback for Congress

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

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).....	95851.42	476386.70
(ii) Unitemized.....	15215.00	57638.80
(iii) TOTAL of contributions from individuals ▶	111066.42	534025.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2600.00	2600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	113666.42	536625.50
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
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)..... ▶	113666.42	536625.50

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	122331.85	270232.34
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	7500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	122331.85	277732.34

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	267558.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	113666.42
25. SUBTOTAL (add Line 23 and Line 24).....	381225.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	122331.85
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	258893.16

**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 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**IRWIN B. ACKERMAN**

Mailing Address 93 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer ACKLINS ASSOCIATES Occupation REAL ESTATE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1359**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY ACKERMAN**

Mailing Address 93 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1360**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**GERALD ANTONACCI**

Mailing Address 15 MULLEN RD

City ENFIELD State CT Zip Code 06082-6033

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

Name of Employer SOMERS SANITATION Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1338**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

5500.00

**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 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GERALD ANTONACCI**

Mailing Address 15 MULLEN RD

City ENFIELD State CT Zip Code 06082-6033

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

Name of Employer SOMERS SANITATION Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1339**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN ARMSTRONG**

Mailing Address 27 HILLTOP DR

City MADISON State CT Zip Code 06443-3222

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

Name of Employer HEBRIDES PARTNERS LLC Occupation MANAGING PARTNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1395**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AMY ATKINSON**

Mailing Address 2299 PACIFIC AVENUE, #82

City SAN FRANCISCO State CA Zip Code 94115-1426

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

Name of Employer THE DOCUMENTARY GROUP Occupation WRITER/PRODUCER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2012

**Transaction ID : SA11.1194**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1250.00

**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 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DIRCK BARHYDT JR.**

Mailing Address 115 SHELDON LN

City LITCHFIELD State CT Zip Code 06759-3422

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

Name of Employer SALISBURY SCHOOL Occupation ADMINISTRATOR

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 01 / 2012**

**Transaction ID : SA11.1049**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DIRCK BARHYDT JR.**

Mailing Address 115 SHELDON LN

City LITCHFIELD State CT Zip Code 06759-3422

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

Name of Employer SALISBURY SCHOOL Occupation ADMINISTRATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2012**

**Transaction ID : SA11.1403**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET BARNES**

Mailing Address PO BOX 1584

City LITCHFIELD State CT Zip Code 06759-1584

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

Name of Employer SPECTRUM CAPITAL, LTD Occupation EXECUTIVE ASSISTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 28 / 2012**

**Transaction ID : SA11.1162**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**150.00**

**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 8 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET BARNES**

Mailing Address **PO BOX 1584**

City **LITCHFIELD** State **CT** Zip Code **06759-1584**

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

Name of Employer **SPECTRUM CAPITAL, LTD** Occupation **EXECUTIVE ASSISTANT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1327**

Amount of Each Receipt this Period  
**50.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**THOMAS C. BARRY**

Mailing Address **1220 PARK AVE**

City **NEW YORK** State **NY** Zip Code **10128-1733**

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

Name of Employer **ZEPHYR MANAGEMENT** Occupation **INVESTMENTS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11.1216**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELIZABETH B. BECKER**

Mailing Address **13 PROSPECT AVE**

City **DARIEN** State **CT** Zip Code **06820-3512**

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

Name of Employer **EURPAC SERVICE, INC** Occupation **GENERAL MANAGER/OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : SA11.1158**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**3050.00**



**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 9 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>SUSAN P. BELCHER</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2012
Mailing Address 1 TOWN HILL ROAD		<b>Transaction ID : SA11.1185</b>
City LAKEVILLE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 500.00
Name of Employer HOUSEWIFE	Occupation HOUSEWIFE	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00	

Full Name (Last, First, Middle Initial) <b>MICHAEL H. BEST</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2012
Mailing Address 558 LIME ROCK RD		<b>Transaction ID : SA11.1228</b>
City LAKEVILLE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 500.00
Name of Employer ADVANCED POWER	Occupation MANAGER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>MARIE LOUISE BOGDANOVICS</b>		Date of Receipt MM / DD / YYYY 05 / 11 / 2012
Mailing Address 47 CHESTNUT HILL ROAD		<b>Transaction ID : SA11.1375</b>
City LITCHFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period CONTRIBUTION 200.00
Name of Employer BOGDANOVICS, DIABETES & ENDOCRINOLC	Occupation OFFICE MANAGER	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> 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 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK J. BOLAND**

Mailing Address 10 OSBORN ROAD  
P.O. BOX 1336

City LITCHFIELD State CT Zip Code 06759-2317

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1120**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK J. BOLAND**

Mailing Address 10 OSBORN ROAD  
P.O. BOX 1336

City LITCHFIELD State CT Zip Code 06759-2317

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 18 / 2012

**Transaction ID : SA11.1298**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PETER BONACHEA**

Mailing Address 187 WEST SHORE RD

City NEW PRESTON State CT Zip Code 06777-1302

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 13 / 2012

**Transaction ID : SA11.1237**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

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

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

900.00

**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 11 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWIN G. BOOTH JR.**

Mailing Address **2 COVENTRY LANE**

City **HARWINTON** State **CT** Zip Code **06791-2413**

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

Name of Employer **TORRINGTON CASTING CO.** Occupation **FOUNDRY MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 07 / 2012**

**Transaction ID : SA11.1100**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN J. BRACKEN III**

Mailing Address **57 BREEZY KNOLL**

City **AVON** State **CT** Zip Code **06001-2842**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1390**

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

**C.** Full Name (Last, First, Middle Initial)  
**THERESE D. BRAUN**

Mailing Address **P.O. BOX 468**

City **NORFOLK** State **CT** Zip Code **06058-0468**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2012**

**Transaction ID : SA11.1199**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**950.00**

**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 12 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARANA L. BROOKS**

Mailing Address **88 WIGWAM ROAD**  
**P.O. BOX 1045**

City **LITCHFIELD** State **CT** Zip Code **06759-3826**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**2483.27**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2012**

**Transaction ID : SA11.1159**

Amount of Each Receipt this Period  
**483.27**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SUSAN J. BROWN**

Mailing Address **10 SHEAGREN HILL RD**

City **CENTERBROOK** State **CT** Zip Code **06409**

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

Name of Employer **FIRST CT FEDERAL CREDIT UNION** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1416**

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

**C.** Full Name (Last, First, Middle Initial)  
**CIARA BURNHAM**

Mailing Address **16 W 77TH ST 14E**

City **NEW YORK** State **NY** Zip Code **10024-5126**

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

Name of Employer **EVERCORE PARTNERS** Occupation **BANKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2012**

**Transaction ID : SA11.1292**

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

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

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

**983.27**

**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 13 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARY B. BYRNE- LING**

Mailing Address **90 BOWNE ROAD**

City **SHARON** State **CT** Zip Code **06069-2448**

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

Name of Employer **SELF** Occupation **CATTLE RANCHER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11.1225**

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

**B.** Full Name (Last, First, Middle Initial)  
**RICHARD CALHOUN**

Mailing Address **111 SUNCREST ROAD**

City **TORRINGTON** State **CT** Zip Code **06790-7913**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 15 / 2012**

**Transaction ID : SA11.1265**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. RONALD CANCIANI**

Mailing Address **134 SOUTH ROAD**

City **HARWINTON** State **CT** Zip Code **06791-2305**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11.1220**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**550.00**

**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 14 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM G. CAREY**

Mailing Address 640 MOUNTAIN RD

City State Zip Code  
WAITSFIELD VT 05673

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2012

**Transaction ID : SA11.1069**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. ALICE CAROLAN**

Mailing Address 205 WHISCONIER RD P.O. BOX 5188

City State Zip Code  
BROOKFIELD CT 06804-5188

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2012

**Transaction ID : SA11.1066**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DANIEL F. CARUSO**

Mailing Address 160 FAIRFIELD WOODS RD #61

City State Zip Code  
FAIRFIELD CT 06825-3348

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

Name of Employer Occupation  
FAIRFIELD PROBATE COURT ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2012

**Transaction ID : SA11.1364**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1250.00

**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 15 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DINO CASALI**

Mailing Address P.O. BOX 387  
128 SHELDON LANE

City THOMASTON State CT Zip Code 06787-0387

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

Name of Employer OPPENHEIMER & CO. Occupation FINANCIAL ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11.1097**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR RICHARD H. CAULFIELD**

Mailing Address 9601 CASTLE POINT DR.  
UNIT 813

City SARASOTA State FL Zip Code 34238-3381

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1117**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CLARK J. CHAPIN**

Mailing Address 105 CHAPIN ROAD

City NEW MILFORD State CT Zip Code 06776-2656

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

Name of Employer STATE OF CT Occupation LEGISLATOR

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2012

**Transaction ID : SA11.1130**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

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

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

350.00

**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 16 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JEANNETTE CHING**

Mailing Address **P.O. BOX 953**

City **LITCHFIELD** State **CT** Zip Code **06759-0953**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 07 / 2012**

**Transaction ID : SA11.1095**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER J. CIMINI**

Mailing Address **71 HUNTERS RIDGE**

City **ROCKY HILL** State **CT** Zip Code **06067-1742**

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

Name of Employer **CAPITOL STRATEGIES GROUP, LLC** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1413**

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

**C.** Full Name (Last, First, Middle Initial)  
**PAULA CLARKE**

Mailing Address **ONE LIBERTY SQUARE**

City **NEW BRITAIN** State **CT** Zip Code **06051-2636**

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

Name of Employer **GAFFNEY, BENNETT & ASSOC** Occupation **LAWYER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1336**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**950.00**



**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 17 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN D. COFFIN**

Mailing Address 83 COGSWELL RD

City WEST CORNWALL State CT Zip Code 06796-1603

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012

**Transaction ID : SA11.1307**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**RUFUS M. COLE**

Mailing Address 147 HOLLEY HILL LANE APT 8

City GREENWICH State CT Zip Code 06830-6082

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

Name of Employer NORTHWEST FINANCIAL GROUP Occupation FINANCIAL REPRESENTATIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1224**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**RICHARD F. CONWAY**

Mailing Address 80 BLUE RIDGE RD

City BERLIN State CT Zip Code 06037-2802

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

Name of Employer GAFFNEY, BENNETT & ASSOC Occupation LOBBYIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1337**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

950.00

**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 18 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. SUSAN L. COOLIDGE**

Mailing Address 180 SOUTH STREET  
P.O. BOX 1860

City LITCHFIELD State CT Zip Code 06759-4006

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1122**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY CORSON**

Mailing Address 75 FIELD POINT CIR

City GREENWICH State CT Zip Code 06830-7072

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 06 / 2012

**Transaction ID : SA11.1198**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN G. COUMANTAROS**

Mailing Address 712 FIFTH AVENUE

City NEW YORK State NY Zip Code 10019-4108

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

Name of Employer SOUTHERN STAR SHIPPING CO., INC. Occupation CORPORATE EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 22 / 2012

**Transaction ID : SA11.1303**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1450.00

**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 19 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM F. CRUGER**

Mailing Address 993 FIFTH AVE

City NEW YORK State NY Zip Code 10028-0105

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1232**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TONYA K. CURRY**

Mailing Address 285 BANTAM LAKE RD

City MORRIS State CT Zip Code 06763-1107

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

**Transaction ID : SA11.1110**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. JEANNE Z. DANAHER**

Mailing Address P.O. BOX 1857

City LITCHFIELD State CT Zip Code 06759-1857

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
985.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11.1046**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

700.00

**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 20 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. JEANNE Z. DANAHER**

Mailing Address P.O. BOX 1857

City State Zip Code  
LITCHFIELD CT 06759-1857

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
985.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2012

**Transaction ID : SA11.1248**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**EUGENE R. DATTEL**

Mailing Address P.O. BOX 1339

City State Zip Code  
LAKEVILLE CT 06039-8339

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

Name of Employer Occupation  
SELF WRITER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2012

**Transaction ID : SA11.1178**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. HELEN MACDONALD DEGENER**

Mailing Address 130 SHARON MOUNTAIN RD  
P.O. BOX 651

City State Zip Code  
SHARON CT 06069-2403

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

Name of Employer Occupation  
MAZAMA CAPITAL MGMT ADVISOR, DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 06 / 2012

**Transaction ID : SA11.1195**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2000.00

**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 21 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RAYMOND J. DEVLIN JR.**

Mailing Address 100 PEARL ST 14TH FLOOR

City HARTFORD State CT Zip Code 06103-4500

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

Name of Employer SELF Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
 \_\_\_\_\_ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1136**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ARTHUR HILL DIEDRICK**

Mailing Address P.O. BOX 37  
P.O. BOX 37

City LITCHFIELD State CT Zip Code 06759-0037

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

Name of Employer SELF Occupation COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
 \_\_\_\_\_ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1115**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ARTHUR HILL DIEDRICK**

Mailing Address P.O. BOX 37  
P.O. BOX 37

City LITCHFIELD State CT Zip Code 06759-0037

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

Name of Employer SELF Occupation COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
 \_\_\_\_\_ 6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1115B**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -500.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

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

\_\_\_\_\_ 600.00

\_\_\_\_\_

**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 22 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ARTHUR HILL DIETRICK**

Mailing Address P.O. BOX 37  
P.O. BOX 37

City LITCHFIELD State CT Zip Code 06759-0037

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

Name of Employer SELF Occupation COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1287**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**JOHN W. DINNEEN**

Mailing Address P.O. BOX 905

City KENT State CT Zip Code 06757-0905

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

Name of Employer DINNEEN & SON Occupation BUILDER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 25 / 2012

**Transaction ID : SA11.1320**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD W. DISKAVICH**

Mailing Address 105 BEVERLY RD

City TORRINGTON State CT Zip Code 06790-4060

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
290.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11.1096**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

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

350.00

**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 23 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD W. DISKAVICH**

Mailing Address 105 BEVERLY RD

City State Zip Code  
TORRINGTON CT 06790-4060

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 12 / 2012

**Transaction ID : SA11.1252**

Amount of Each Receipt this Period  
90.40  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HILARY W. DONALD**

Mailing Address 14 COLTON STREET

City State Zip Code  
FARMINGTON CT 06032-2329

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

Name of Employer Occupation  
L'ARC ARCHITECTS, LLC ARCHITECT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012

**Transaction ID : SA11.1394**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**BARBARA DOUGLASS**

Mailing Address P.O. BOX 451  
452 E. RIVER RD.

City State Zip Code  
RIVERTON CT 06065-0451

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

Name of Employer Occupation  
NORTHWESTERN CONNECTICUT COMMUNI PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : SA11.1278**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

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

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

340.40

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

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

FOR LINE NUMBER: PAGE 24 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARGARET DOUGLAS-HAMILTON**

Mailing Address 137 SHARON ROAD

City LAKEVILLE State CT Zip Code 06039-2111

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2012

**Transaction ID : SA11.1377**

Amount of Each Receipt this Period  
**125.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JODY C. DOWLING**

Mailing Address 143 BALFOUR DR.

City WEST HARTFORD State CT Zip Code 06117-2902

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2012

**Transaction ID : SA11.1301**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEVEN D. ECKER**

Mailing Address 225 LAWRENCE ST

City NEW HAVEN State CT Zip Code 06511-2418

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

Name of Employer COWDREY, ECKER AND MURPHY LLC Occupation ATTORNEY

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11.1399**

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

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

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

**575.00**



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

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

FOR LINE NUMBER: PAGE 25 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT FARR**

Mailing Address 90 WHITING LANE

City WEST HARTFORD State CT Zip Code 06119-1641

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2012  
 Primary     General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2012

**Transaction ID : SA11.1154**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT FARR**

Mailing Address 90 WHITING LANE

City WEST HARTFORD State CT Zip Code 06119-1641

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11.1279**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN H. FIELD**

Mailing Address 317 GOSHEN ROAD

City LITCHFIELD State CT Zip Code 06759-2404

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
1150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2012

**Transaction ID : SA11.1106**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

700.00

**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 26 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN H. FIELD**

Mailing Address 317 GOSHEN ROAD

City State Zip Code  
LITCHFIELD CT 06759-2404

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 22 / 2012

**Transaction ID : SA11.1302**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT V. FISH**

Mailing Address 328 CALKINSTOWN RD

City State Zip Code  
SHARON CT 06069-2124

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

Name of Employer Occupation  
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SA11.1170**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LIDA E. FITZGERALD**

Mailing Address 125 TOWN LINE RD

City State Zip Code  
BRIDGEWATER CT 06752-1516

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

Name of Employer Occupation  
N/A N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 25 / 2012

**Transaction ID : SA11.1319**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**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: PAGE 27 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN J. FLAHERTY**  
 Mailing Address 21 NEILL DR  
 City State Zip Code  
 WATERTOWN CT 06795-1706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 NESTLE WATERS GOVERNMENT AFFAIRS  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 14 2012  
**Transaction ID : SA11.1262**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**OLIVIA R. FLOREN**  
 Mailing Address 210 ROUND HILL RD  
 City State Zip Code  
 GREENWICH CT 06831-3357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE OF CONNECTICUT STATE REPRESENTATIVE  
 Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 10 2012  
**Transaction ID : SA11.1111**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PAUL H. FOELLER**  
 Mailing Address 128 WELDON COURT  
 City State Zip Code  
 GOSHEN CT 06756-1615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF OPTOMETRIST  
 Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION  
 Election Cycle-to-Date  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 14 2012  
**Transaction ID : SA11.1140**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

2250.00

**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 28 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRUCE T. FOX**

Mailing Address **8 ARBOR DR**

City **TORRINGTON** State **CT** Zip Code **06790-3301**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2012**

**Transaction ID : SA11.1124**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LOUIS J. FOX**

Mailing Address **75 PRESTON LANE**

City **TACONIC** State **CT** Zip Code **06079-8017**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFFC** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2012**

**Transaction ID : SA11.1179**

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

**C.** Full Name (Last, First, Middle Initial)  
**EMIL FRANKEL**

Mailing Address **1620 22ND ST NW**

City **WASHINGTON** State **DC** Zip Code **20008-1920**

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

Name of Employer **SELF EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2012**

**Transaction ID : SA11.1141**

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

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

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

**700.00**

**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 29 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. LOUIS A. FRIEDRICH**

Mailing Address 96 WELLSFORD DR.

City State Zip Code  
GOSHEN CT 06756-1816

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

Name of Employer Occupation  
ALLIANCE BERNSTEIN FINANCIAL ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : SA11.1048**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD FURNISS JR.**

Mailing Address 163 CORNWALL HOLLOW ROAD

City State Zip Code  
WEST CORNWALL CT 06796-1621

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
770.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 15 / 2012

**Transaction ID : SA11.1155**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOSEPH GELORMINO**

Mailing Address 122 LEXINGTON AVE.

City State Zip Code  
TORRINGTON CT 06790-3483

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 07 / 2012

**Transaction ID : SA11.1099**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

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

900.00

**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 30 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PETER GEVALT**

Mailing Address P.O. BOX 1968  
300 WELLS HILL RD

City LAKEVILLE State CT Zip Code 06039-1968

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

Name of Employer WELLS HILL PARTNERS LTD Occupation MANAGING DIRECTOR, R.E. COMPANY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2012

**Transaction ID : SA11.1402**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LILE R. GIBBONS**

Mailing Address 27 SUNSET RD

City OLD GREENWICH State CT Zip Code 06870-2109

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

Name of Employer STATE OF CT Occupation STATE REPRESENTATIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 29 / 2012

**Transaction ID : SA11.1174**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. PENELOPE GLASSMEYER**

Mailing Address 23 BUTLER'S ISLAND

City DARIEN State CT Zip Code 06820-6203

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

Name of Employer HOMEMAKER Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 24 / 2012

**Transaction ID : SA11.1163**

Amount of Each Receipt this Period  
150.00  
CONTRIBUTION

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

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

4650.00

**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 31 OF 125
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. ROBERT A. GOLDSCHMIDT</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2012	
Mailing Address 41 SADDLE RIDGE		<b>Transaction ID : SA11.1321</b>	
City BLOOMFIELD	State CT	Zip Code 06002-1543	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer SELF EMPLOYED	Occupation INFORMATION REQUESTED PER BEST EFF		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00 _____		

Full Name (Last, First, Middle Initial) <b>B. KENNETH D. GREEN</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2012	
Mailing Address 117 W. HYERDALE DRIVE		<b>Transaction ID : SA11.1044</b>	
City GOSHEN	State CT	Zip Code 06756-1700	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3500.00 _____		

Full Name (Last, First, Middle Initial) <b>C. MS. MARGARET GRINER</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2012	
Mailing Address 41 ARROW POINT RD		<b>Transaction ID : SA11.1212</b>	
City NEW PRESTON	State CT	Zip Code 06777-1108	Amount of Each Receipt this Period _____ 250.00 CONTRIBUTION
FEC ID number of contributing federal political committee.		_____ C _____	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00 _____		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1500.00 _____
<b>TOTAL</b> 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 32 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARGARET GRINER**

Mailing Address 41 ARROW POINT RD

City State Zip Code  
NEW PRESTON CT 06777-1108

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 15 / 2012

**Transaction ID : SA11.1268**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM A. HAMZY**

Mailing Address 2 MINOR ROAD

City State Zip Code  
TERRYVILLE CT 06786-4002

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

Name of Employer Occupation  
THE HAMZY LAW FIRM, LLC ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : SA11.1277**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. DREW HARLOW**

Mailing Address P.O. BOX 96  
93 BALDWIN HILL RD.

City State Zip Code  
LITCHFIELD CT 06759-0096

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2012

**Transaction ID : SA11.1133**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

450.00



**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 33 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ELYSE D. HARNEY**

Mailing Address P.O. BOX 628

City SALISBURY State CT Zip Code 06068-0628

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

Name of Employer ELYSE HARNEY REALTY Occupation REAL ESTATE

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012

**Transaction ID : SA11.1157**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ADELAIDE HARRIS**

Mailing Address 30 WASHINEE HTS  
P.O. BOX629

City SALISBURY State CT Zip Code 06068-1613

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

Name of Employer SELF Occupation SELF-EMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1230**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ADELAIDE HARRIS**

Mailing Address 30 WASHINEE HTS  
P.O. BOX629

City SALISBURY State CT Zip Code 06068-1613

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

Name of Employer SELF Occupation SELF-EMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1439**

Amount of Each Receipt this Period  
 247.00

CONTRIBUTION

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

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

1497.00

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

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

FOR LINE NUMBER: PAGE 34 OF 125  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GWENDOLINE ANNE HARRIS**

Mailing Address 350 CANAAN RD

City SALISBURY State CT Zip Code 06068-1605

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

Name of Employer SELF EMPLOYED Occupation INTERIOR DESIGN

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1227**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM REES HARRIS JR.**

Mailing Address PO BOX 629  
30 WASHINEE HT

City SALISBURY State CT Zip Code 06068-0629

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

Name of Employer SELF-EMPLOYED Occupation PILOT

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1247.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1440**

Amount of Each Receipt this Period  
 247.49  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**HARVEY W. HAYDEN VMD**

Mailing Address P.O. BOX 386  
414 CORNWALL BRIDGE RD

City SHARON State CT Zip Code 06069-0386

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

Name of Employer SELF Occupation VETERINARY

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1229**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

2997.49

**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 35 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES HEALEY JR.**

Mailing Address **54 WESTWOOD**

City **WEST HARTFORD** State **CT** Zip Code **06117-2252**

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

Name of Employer **KEEFE, BRUYETTE AND WOODS** Occupation **SR. VP**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1383**

Amount of Each Receipt this Period  
**2000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALICE B. HICKS**

Mailing Address **35 BEARDSLEY RD**

City **KENT** State **CT** Zip Code **06757-1902**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11.1263**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER M. HILL**

Mailing Address **18 WESTOVER LANE**  
**P.O. BOX 940**

City **LITCHFIELD** State **CT** Zip Code **06759-3923**

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

Name of Employer **LITCHFIELD FORD** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 12 / 2012**

**Transaction ID : SA11.1247**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**2350.00**

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

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

FOR LINE NUMBER: PAGE 36 OF 125  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW M. HOFFMAN**  
 Mailing Address 237 E. 17TH STREET APT 430  
 City NEW YORK State NY Zip Code 10003-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HSBC Occupation MANAGER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012  
**Transaction ID : SA11.1314**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NANCY COLEAN HOWARD**  
 Mailing Address PO BOX 137  
 133 UNDERMOUNTAIN RD  
 City SALISBURY State CT Zip Code 06068-0137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012  
**Transaction ID : SA11.1147**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CARROLL J. HUGHES**  
 Mailing Address 88 SHEFFIELD ST  
 City OLD SAYBROOK State CT Zip Code 06475-2307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HUGHES & CRONIN Occupation LOBBYIST  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012  
**Transaction ID : SA11.1415**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

550.00

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

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

FOR LINE NUMBER: PAGE 37 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JEAN CRONIN HUGHES**

Mailing Address **88 SHEFFIELD ST**

City **OLD SAYBROOK** State **CT** Zip Code **06475-2307**

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

Name of Employer **HUGHES & CRONIN** Occupation **LOBBYIST**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1410**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WHIT T. JACKSON**

Mailing Address **P.O. BOX 603**

City **NICASIO** State **CA** Zip Code **94946-0603**

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

Name of Employer **MOTOROLA MOBILITY** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2012**

**Transaction ID : SA11.1188**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN E. JANCO SR.**

Mailing Address **213 ALLISON DRIVE**

City **TORRINGTON** State **CT** Zip Code **06790-3151**

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

Name of Employer **TORRINGTON SAVINGS BANK** Occupation **BANK OFFICER**

Receipt For: 2012  
 Primary     General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 10 / 2012**

**Transaction ID : SA11.1105**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

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

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

**1300.00**

**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 38 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**GARY JOHNSON**

Mailing Address 1051 CEDAR RD

City SOUTHPORT State CT Zip Code 06890-1002

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

Name of Employer CAPITAL ACCESS Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1309**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**NANCY L. JOHNSON**

Mailing Address 141 SOUTH MOUNTAIN DR

City NEW BRITAIN State CT Zip Code 06052-1511

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

Name of Employer BAKER DONELSON & ASSOC, Occupation SENIOR ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1316**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NANCY L. JOHNSON**

Mailing Address 141 SOUTH MOUNTAIN DR

City NEW BRITAIN State CT Zip Code 06052-1511

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

Name of Employer BAKER DONELSON & ASSOC, Occupation SENIOR ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1317**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

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

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

3250.00

**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 39 OF 125
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. NANCY L. JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2012	
Mailing Address 141 SOUTH MOUNTAIN DR		<b>Transaction ID : SA11.1317B</b>	
City NEW BRITAIN	State CT	Zip Code 06052-1511	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ -500.00	
Name of Employer BAKER DONELSON & ASSOC,	Occupation SENIOR ADVISOR		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00		
		CONTRIBUTION <b>[MEMO ITEM] REDESIGNATION TO GENERAL</b>	

Full Name (Last, First, Middle Initial) <b>B. NANCY L. JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2012	
Mailing Address 141 SOUTH MOUNTAIN DR		<b>Transaction ID : SA11.1479</b>	
City NEW BRITAIN	State CT	Zip Code 06052-1511	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 500.00	
Name of Employer BAKER DONELSON & ASSOC,	Occupation SENIOR ADVISOR		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 3000.00		
		CONTRIBUTION <b>[MEMO ITEM] REDESIGNATION FROM PRIMARY</b>	

Full Name (Last, First, Middle Initial) <b>C. OTTO A. KALETSCH</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2012	
Mailing Address 193 WEST CORNWALL ROAD P.O. BOX 255		<b>Transaction ID : SA11.1257</b>	
City WEST CORNWALL	State CT	Zip Code 06796-1026	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period _____ 1000.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1300.00		
		CONTRIBUTION	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1000.00
<b>TOTAL</b> 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: PAGE 40 OF 125  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  11e 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EDWARD C. KAVLE**

Mailing Address 134 NORTH STREET  
P.O. BOX 1021

City LITCHFIELD State CT Zip Code 06759-2504

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

Name of Employer SELF Occupation PHYSICIAN

Receipt For: 2012  
 Primary     General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
 \_\_\_\_\_ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11.1101**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT E. KEITER**

Mailing Address 36 LONG POND RD

City LAKEVILLE State CT Zip Code 06039-2116

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2012

**Transaction ID : SA11.1144**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES T. KELLOGG**

Mailing Address PO BOX 790

City WATERBURY State CT Zip Code 06720-0790

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

Name of Employer HUBBARD HALL Occupation EXECUTIVE

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012

**Transaction ID : SA11.1412**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00  
 CONTRIBUTION

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

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

\_\_\_\_\_ 1200.00

\_\_\_\_\_



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

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

FOR LINE NUMBER: PAGE 41 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. PAMELA G. KENNEDY**

Mailing Address **288 NORTH LAKE STREET**

City **LITCHFIELD** State **CT** Zip Code **06759-2421**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary     General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 15 / 2012**

**Transaction ID : SA11.1156**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT J. KENNEDY JR.**

Mailing Address **66 MEADOW LANE**

City **WEST HARTFORD** State **CT** Zip Code **06107-1515**

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

Name of Employer **CT ASSOC OF REALTORS** Occupation **ASSOC. MANAGER**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1418**

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

**C.** Full Name (Last, First, Middle Initial)  
**PETER KENT**

Mailing Address **83 BELGO ROAD**

City **LAKEVILLE** State **CT** Zip Code **06039-1002**

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

Name of Employer **BICRON ELECTRONICS** Occupation **RETIRED**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11.1258**

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

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

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

**600.00**

**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 42 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HALVOR KIELLAND**

Mailing Address **738 WEED ST**

City **NEW CANAAN** State **CT** Zip Code **06840-4016**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 24 / 2012**

**Transaction ID : SA11.1168**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. LAWRENCE B. KURLAND**

Mailing Address **196 EAST STREET**

City **SHARON** State **CT** Zip Code **06069-2416**

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

Name of Employer **LAWRENCE B. KURLAND** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 29 / 2012**

**Transaction ID : SA11.1169**

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

**C.** Full Name (Last, First, Middle Initial)  
**MR. NICHOLAS V. LABBADIA**

Mailing Address **576 STEELE RD**

City **NEW HARTFORD** State **CT** Zip Code **06057-3102**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2012**

**Transaction ID : SA11.1315**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**600.00**

**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 43 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN N. LAVIERI**

Mailing Address **HICKORY RIDGE P.O. BOX 202**

City **BARKHAMSTED** State **CT** Zip Code **06063-0202**

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

Name of Employer **STERLING ENGINEERING** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 26 / 2012**

**Transaction ID : SA11.1430**

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

**B.** Full Name (Last, First, Middle Initial)  
**TODD LAVIERI**

Mailing Address **98 STONELEIGH RD**

City **NEW CANAAN** State **CT** Zip Code **06840-5000**

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

Name of Employer **IBM** Occupation **MANAGING PARTNER, GBS**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 11 / 2012**

**Transaction ID : SA11.1128**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THERESA A. LIPEIKA**

Mailing Address **14 NORTH FORTY RD**

City **NORTHFIELD** State **CT** Zip Code **06778-2517**

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

Name of Employer **WZBG** Occupation **OFFICE MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2012**

**Transaction ID : SA11.1125**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1750.00**

**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 44 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PETER B. MAGLATHLIN**

Mailing Address **9 PRATT ISLAND**

City **DARIEN** State **CT** Zip Code **06820-5726**

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

Name of Employer **MBI INC.** Occupation **MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2012**

**Transaction ID : SA11.1255**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DOUGLAS P. MAHONEY**

Mailing Address **39 WHITEWOOD RD**

City **NEWTOWN** State **CT** Zip Code **06470-1560**

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

Name of Employer **TREMONT AND SHELDON** Occupation **LAWYER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1342**

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

**C.** Full Name (Last, First, Middle Initial)  
**JAY F. MALCYNSKY**

Mailing Address **25 PARKERS POINT RD**

City **CHESTER** State **CT** Zip Code **06412-1206**

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

Name of Employer **SELF EMPLOYED** Occupation **LAWYER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1345**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1750.00**

**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 45 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARTIN MAROLA**

Mailing Address 57 DAVIDSON RD

City State Zip Code  
GOSHEN CT 06756-1230

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

Name of Employer Occupation  
MAROLA MOTOR SALES TRUCK DEALER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : SA11.1264**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARTIN MAROLA**

Mailing Address 57 DAVIDSON RD

City State Zip Code  
GOSHEN CT 06756-1230

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

Name of Employer Occupation  
MAROLA MOTOR SALES TRUCK DEALER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : SA11.1264B**

Amount of Each Receipt this Period  
-2500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MARTIN MAROLA**

Mailing Address 57 DAVIDSON RD

City State Zip Code  
GOSHEN CT 06756-1230

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

Name of Employer Occupation  
MAROLA MOTOR SALES TRUCK DEALER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 14 / 2012

**Transaction ID : SA11.1289**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

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

5000.00

**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 46 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ELAINE MARSHALL**

Mailing Address **341 MILTON RD**

City **LITCHFIELD** State **CT** Zip Code **06759-2203**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 03 / 2012**

**Transaction ID : SA11.1093**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JEFFREY G. MARSTED**

Mailing Address **125 INDIAN HILL ROAD**

City **CANTON** State **CT** Zip Code **06019-3624**

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

Name of Employer **BRADLEY, FOSTER, SARGENT** Occupation **INVESTMENTS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 14 / 2012**

**Transaction ID : SA11.1256**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**KATHERINE MARTUCCI**

Mailing Address **P.O. BOX 297**

City **ANCRAMDAL** State **NY** Zip Code **12503-0297**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2012**

**Transaction ID : SA11.1183**

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

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

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

**850.00**

**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 47 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DENNIS M. MAYER**

Mailing Address 112 HENLEY WAY

City AVON State CT Zip Code 06001-4072

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

Name of Employer OTIS ELEVATOR Occupation EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1387**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PATRICK E. MCCABE**

Mailing Address 36 TRUMBULL ST

City HARTFORD State CT Zip Code 06103-2404

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

Name of Employer CAPITOL STRATEGIES Occupation LOBBYIST

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012

**Transaction ID : SA11.1414**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES W. MCELHONE**

Mailing Address 1118 HIGHLAND AVENUE

City TORRINGTON State CT Zip Code 06790-4307

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

Name of Employer SELF EMPLOYED Occupation CONSTRUCTION

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2012

**Transaction ID : SA11.1092**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

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

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

950.00

**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 48 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JEANNE N. MCGEEHIN**

Mailing Address **73 BALDWIN HILL ROAD**

City **LITCHFIELD** State **CT** Zip Code **06759-3305**

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

Name of Employer **CHH** Occupation **DOCTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 09 / 2012**

**Transaction ID : SA11.1116**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**W. KEVIN MCGRATH**

Mailing Address **P.O. BOX 394**

City **SALISBURY** State **CT** Zip Code **06068-0394**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 22 / 2012**

**Transaction ID : SA11.1379**

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

**C.** Full Name (Last, First, Middle Initial)  
**KENNETH W. MERZ**

Mailing Address **62 NORTH STREET  
P.O. BOX 1227**

City **LITCHFIELD** State **CT** Zip Code **06759-2504**

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

Name of Employer **O & G INDUSTRIES** Occupation **SECRETARY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2012**

**Transaction ID : SA11.1424**

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

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

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

**700.00**



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

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

FOR LINE NUMBER: PAGE 49 OF 125  
(check only one)  
 11a 12   
  11b 13a   
  11c 13b   
  11d 14   
  15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KATHLEEN METZ**

Mailing Address **COBBLE POND ROAD**  
**P.O. BOX 728**

City **SHARON** State **CT** Zip Code **06069-0728**

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

Name of Employer **SELF** Occupation **INVESTOR**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2012**

**Transaction ID : SA11.1196**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CHARLOTTE B. MILLIGAN**

Mailing Address **7945 SOUTH MOUNTAIN OAKS DR**

City **SALT LAKE CITY** State **UT** Zip Code **84121-5941**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 04 / 2012**

**Transaction ID : SA11.1187**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NEIL A. MITCHELL**

Mailing Address **18 SHINAR MOUNTAIN RD**

City **WASHINGTON DEPOT** State **CT** Zip Code **06794-1711**

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

Name of Employer **CREDIT SUISSE** Occupation **BANKING**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2012**

**Transaction ID : SA11.1318**

Amount of Each Receipt this Period  
**1500.00**  
 CONTRIBUTION

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

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

**3000.00**

**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 50 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANTOINETTE J. MOORE**

Mailing Address 389 WHITE DEER ROCK RD

City MIDDLEBURY State CT Zip Code 06762-1327

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

Name of Employer MOORE, O'BRIEN JACQUES & YELENAK Occupation MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11.1400**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN W. MOROSANI**

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1132**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN W. MOROSANI**

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1132B**

Amount of Each Receipt this Period  
 -300.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

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

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

800.00

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

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

FOR LINE NUMBER: PAGE 51 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN W. MOROSANI**

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1142**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 300.00

CONTRIBUTION

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**RETO MOROSANI**

Mailing Address 88 WIGWAM ROAD  
P.O. BOX 1045

City LITCHFIELD State CT Zip Code 06759-3826

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
 \_\_\_\_\_ 483.26

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1160**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 483.26

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THOMAS C. MORRISON**

Mailing Address 222 BELGO RD  
P.O. BOX 658

City LAKEVILLE State CT Zip Code 06039-1005

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2012

**Transaction ID : SA11.1186**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

CONTRIBUTION

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

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

\_\_\_\_\_ 733.26

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 52 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KENNETH F. MOUNTCASTLE**

Mailing Address 1711 HOLLINDALE DRIVE

City State Zip Code  
ALEXANDRIA VA 22306-2408

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

Name of Employer Occupation  
AMERICAN HUMANE ASSOC DEVELOPMENT

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012

**Transaction ID : SA11.1411**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LINDA A. MURPHY TAVLARIOS**

Mailing Address 15 WRENFIELD LANE

City State Zip Code  
DARIEN CT 06820-2201

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 29 / 2012

**Transaction ID : SA11.1173**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. VICTOR M. MUSCHELL**

Mailing Address 2700 TORRINGFORD STREET

City State Zip Code  
TORRINGTON CT 06790-2313

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

Name of Employer Occupation  
SELF-EMPLOYED ATTORNEY

Receipt For: 2012  
 Primary     General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
370.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : SA11.1112**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

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

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

1050.00

**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 53 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. MARILYN NARDOZZI**

Mailing Address 98 BENTLEY CIR.

City State Zip Code  
GOSHEN CT 06756-1722

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

Name of Employer Occupation  
JON MANDY CORP OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 09 / 2012

**Transaction ID : SA11.1123**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN NELLER**

Mailing Address 73 WINDTREE EAST

City State Zip Code  
TORRINGTON CT 06790-3034

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

Name of Employer Occupation  
DWAN & COMPANY INC. BEER WHOLESALER

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 01 / 2012

**Transaction ID : SA11.1050**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. NICKERSON**

Mailing Address 35 QUAIL ROAD

City State Zip Code  
GREENWICH CT 06831-3322

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

Name of Employer Occupation  
E.A. HOFFMAN REAL ESTATE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 12 / 2012

**Transaction ID : SA11.1242**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

550.00

**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 54 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. MARK D. NIELSEN**

Mailing Address **3 PARLEY LANE**

City **RIDGEFIELD** State **CT** Zip Code **06877-4903**

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

Name of Employer **PRAXAIR** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1333**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANDREW M. NORTON**

Mailing Address **94 WESTCHESTER RD**

City **COLCHESTER** State **CT** Zip Code **06415-2420**

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

Name of Employer **STATE OF CONNECTICUT** Occupation **AGENCY ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 10 / 2012**

**Transaction ID : SA11.1109**

Amount of Each Receipt this Period  
**300.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOAN A. O' BRIEN**

Mailing Address **148 NORFOLK RD**

City **LITCHFIELD** State **CT** Zip Code **06759-2515**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 01 / 2012**

**Transaction ID : SA11.1053**

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

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

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

**1050.00**

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

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

FOR LINE NUMBER: PAGE 55 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     11e 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KATHLEEN O' CONNOR**

Mailing Address 30 WESTWOOD ROAD

City WEST HARTFORD State CT Zip Code 06117-2252

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

Name of Employer MCKENNA LONG & ALDRIDGE Occupation ATTORNEY

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1392**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES P. O'LEARY**

Mailing Address 235 HAGEMAN-SHEAN ROAD

City GOSHEN State CT Zip Code 06756-1104

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2012

**Transaction ID : SA11.1260**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**PETER HOLMES ONDERDONK**

Mailing Address 26 DUDLEY ROAD

City LITCHFIELD State CT Zip Code 06759-3108

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary     General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2012

**Transaction ID : SA11.1137**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

CONTRIBUTION

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

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

\_\_\_\_\_ 350.00

\_\_\_\_\_

**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 56 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. MRS IRENE M. ONEGLIA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2012	
Mailing Address 37 TALMADGE LANE P.O. BOX 1114		<b>Transaction ID : SA11.1047</b>	
City LITCHFIELD State CT Zip Code 06759-2418	Amount of Each Receipt this Period 400.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date 1400.00		

Full Name (Last, First, Middle Initial) <b>B. MR. RODERIC ONEGLIA</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2012	
Mailing Address 153 GALLOWS LANE P.O. BOX 519		<b>Transaction ID : SA11.1135</b>	
City LITCHFIELD State CT Zip Code 06759-3918	Amount of Each Receipt this Period 500.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer BURLINGTON CONSTRUCTION Occupation CONTRACTOR		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. FREDRICK H. PARKIN JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 01 / 2012	
Mailing Address 262 BEACH STREET P.O. BOX 1461		<b>Transaction ID : SA11.1043</b>	
City LITCHFIELD State CT Zip Code 06759-2328	Amount of Each Receipt this Period 200.00 CONTRIBUTION		
FEC ID number of contributing federal political committee. C	Name of Employer RETIRED Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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 57 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LEO PAUL JR.**

Mailing Address 179 CHESTNUT HILL RD

City LITCHFIELD State CT Zip Code 06759-4132

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

Name of Employer TOWN OF LITCHFIELD Occupation FIRST SELECTMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 26 / 2012

**Transaction ID : SA11.1425**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SALLY V. PETTUS**

Mailing Address 2 MAIN ST

City SHARON State CT Zip Code 06069-2052

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2012

**Transaction ID : SA11.1166**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SAMUEL D. PIERSON**

Mailing Address 52 HILLCREST RD

City MANCHESTER State CT Zip Code 06040-7011

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

Name of Employer ABAPGT, INC Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2012

**Transaction ID : SA11.1325**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

750.00

**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 58 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JULIE M. PORZIO**

Mailing Address 34 SOUTHGATE RD

City WATERBURY State CT Zip Code 06708-3226

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

Name of Employer SELF EMPLOYED Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11.1283**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEPHEN RADOCCHIA**

Mailing Address 40 GREENSWOOD PLACE

City SOUTH GLASTONBURY State CT Zip Code 06073-2900

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2012

**Transaction ID : SA11.1190**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. G. RICHARD REIS**

Mailing Address 119 BRYNMOOR CT

City GOSHEN State CT Zip Code 06756-2135

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2012

**Transaction ID : SA11.1045**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

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

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

1550.00

**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 59 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DAVID BARRETT RICH**

Mailing Address **202 FARNUM ROAD**

City **LAKEVILLE** State **CT** Zip Code **06039-2509**

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

Name of Employer **SUPPORTIVE HOUSING WORKS** Occupation **HOMELESS PROVIDER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2012**

**Transaction ID : SA11.1207**

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

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP G. SAMPONARO**

Mailing Address **P.O. BOX 245**

City **LITCHFIELD** State **CT** Zip Code **06759-0245**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 03 / 2012**

**Transaction ID : SA11.1091**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JOHN D. SANTOLERI**

Mailing Address **240 W. SHORE RD**

City **NEW PRESTON** State **CT** Zip Code **06777-1303**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 01 / 2012**

**Transaction ID : SA11.1181**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1750.00**

**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 60 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SANDRA SANTY**

Mailing Address 420 YALE AVE

City State Zip Code  
NEW HAVEN CT 06515-2234

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

Name of Employer Occupation  
CT HUMANITIES COUNCIL NON-PROFIT EDUCATION ADMINISTRATION

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012

**Transaction ID : SA11.1326**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARY T. SARGENT**

Mailing Address 25 COLONY ROAD

City State Zip Code  
WEST HARTFORD CT 06117-2215

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

Name of Employer Occupation  
BRADLEY, FOSTERS AND SARGENT MONEY MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2012

**Transaction ID : SA11.1244**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT C. SCHNURR**

Mailing Address CORNWALL BRIDGE ROAD  
P.O. 787

City State Zip Code  
SHARON CT 06068

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

Name of Employer Occupation  
SHARON OBGYN PHYSICIAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1233**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

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

1300.00

**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 61 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SUSAN SCOTT**

Mailing Address **45 TANNER HILL RD**

City **NEW PRESTON** State **CT** Zip Code **06777-1118**

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

Name of Employer **SCOTT'S SWIMMING POOLS** Occupation **POOL COMPANY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2012**

**Transaction ID : SA11.1368**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ALLYN SEYMOUR JR.**

Mailing Address **42 WESTWOOD RD**

City **WEST HARTFORD** State **CT** Zip Code **06117-2252**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 06 / 2012**

**Transaction ID : SA11.1191**

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

**C.** Full Name (Last, First, Middle Initial)  
**ALLYN SEYMOUR JR.**

Mailing Address **42 WESTWOOD RD**

City **WEST HARTFORD** State **CT** Zip Code **06117-2252**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 27 / 2012**

**Transaction ID : SA11.1417**

Amount of Each Receipt this Period  
**150.00**  
 CONTRIBUTION

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

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

**900.00**

**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 62 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN ELY SEYMOUR**

Mailing Address 35 LEDYARD ROAD

City WEST HARTFORD State CT Zip Code 06117-1712

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

Name of Employer SELF Occupation REAL ESTATE BROKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1218**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS L. SEYMOUR**

Mailing Address 62 COLONY ROAD

City WEST HARTFORD State CT Zip Code 06117-2216

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1389**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**TREY L. SINATRO**

Mailing Address 12 MIDLANDS DRIVE

City WEST HARTFORD State CT Zip Code 06107-1022

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

Name of Employer SELF Occupation INSURANCE AND REAL ESTATE SALES

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11.1276**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

3000.00

**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 63 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NOEL A. SLOAN**

Mailing Address **23 SMITH HILL LANE**

City **SALISBURY** State **CT** Zip Code **06068**

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

Name of Employer **BROWN BROTHERS HARRIMAN** Occupation **PRIVATE BANKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 11 / 2012**

**Transaction ID : SA11.1234**

Amount of Each Receipt this Period  
**125.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. GAIL P. SPERRY**

Mailing Address **P.O. BOX 1342**

City **LITCHFIELD** State **CT** Zip Code **06759-1342**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify) **CONVENTION**

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2012**

**Transaction ID : SA11.1118**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT J. SWITZGABLE**

Mailing Address **P.O. BOX 529**  
**178 CAMP WORKMAN RD**

City **NEW HARTFORD** State **CT** Zip Code **06057-0529**

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

Name of Employer **SKI SUNDOWN INC** Occupation **SKI AREA OPERATOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 18 / 2012**

**Transaction ID : SA11.1291**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

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

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

**2825.00**

**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 64 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STEVEN M. TEMKIN**

Mailing Address 144 CHESTNUT HILL ROAD

City State Zip Code  
TORRINGTON CT 06790-4201

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

Name of Employer Occupation  
T & M BUILDING HOMEBUILDER

Receipt For: 2012  
 Primary  General  
 Other (specify) CONVENTION

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 12 / 2012

**Transaction ID : SA11.1131**

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LILLIAN E. TOBIN**

Mailing Address 14 WELDON CT  
P. O. BOX 132

City State Zip Code  
GOSHEN CT 06756-1701

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : SA11.1143**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ANGELO TOMASSO JR.**

Mailing Address 132 ROSLYN DR

City State Zip Code  
NEW BRITAIN CT 06052-1824

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 28 / 2012

**Transaction ID : SA11.1343**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

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

2600.00



**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 65 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>JOY L. TOMASSO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012	
Mailing Address 132 ROSLYN DR		<b>Transaction ID : SA11.1344</b>	
City NEW BRITAIN	State CT	Zip Code 06052-1824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>MICHAEL W. TOMASSO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2012	
Mailing Address 1 ETON PLACE		<b>Transaction ID : SA11.1341</b>	
City FARMINGTON	State CT	Zip Code 06032-1546	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00 CONTRIBUTION	
Name of Employer TOMASSO BROTHERS INC	Occupation MANAGER		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) <b>CLIFFORD E. TREIBER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 07 / 2012	
Mailing Address 72 PIE HILL RD		<b>Transaction ID : SA11.1102</b>	
City GOSHEN	State CT	Zip Code 06756-2024	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00 CONTRIBUTION	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) CONVENTION	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<b>TOTAL</b> This Period (last page this line number only).....	1200.00

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

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

FOR LINE NUMBER: PAGE 66 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RICHARD R. VIETOR**

Mailing Address **18 FAIRCHILD ROAD**

City **SHARON** State **CT** Zip Code **06069-2437**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 05 / 2012**

**Transaction ID : SA11.1206**

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

**B.** Full Name (Last, First, Middle Initial)  
**DOROTHY R. WALKER**

Mailing Address **P.O. BOX 361**

City **SALISBURY** State **CT** Zip Code **06068-0361**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2012**

**Transaction ID : SA11.1176**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL J. WALSH**

Mailing Address **18 PENT RD**

City **BLOOMFIELD** State **CT** Zip Code **06002-1519**

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

Name of Employer **MOUHAWSHER AND WALSH** Occupation **TRIAL ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2012**

**Transaction ID : SA11.1335**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**950.00**

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

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

FOR LINE NUMBER: PAGE 67 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JULIA WASSERMAN**

Mailing Address 113 WALNUT TREE HILL  
P.O. BOX 848

City SANDY HOOK State CT Zip Code 06482-1007

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 19 / 2012

**Transaction ID : SA11.1271**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID J. WATSON**

Mailing Address 5080 N. 40TH STREET, SUITE 375

City PHOENIX State AZ Zip Code 85018-2190

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012

**Transaction ID : SA11.1295**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MARK E. WERTHEIM**

Mailing Address 787 BAY COLONY DR

City NAPLES State FL Zip Code 34108

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

Name of Employer SELF EMPLOYED Occupation BUSINESS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1222**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1350.00

**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 68 OF 125
	<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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WENDELL L. WILLKIE II**

Mailing Address 155 CHRISTIE HILL RD

City DARIEN State CT Zip Code 06820-3017

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

Name of Employer MEAD WESTVACO Occupation SVP & GC

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2012

**Transaction ID : SA11.1282**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DAVID R. WILSON**

Mailing Address 552 MILTON RD

City LITCHFIELD State CT Zip Code 06759-2013

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

Name of Employer SELF Occupation ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012

**Transaction ID : SA11.1221**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JULIE G. ZYLA**

Mailing Address 30 HICKORY LANE

City WEST HARTFORD State CT Zip Code 06107-1134

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

Name of Employer CIGNA Occupation MARKETING COMMUNICATIONS DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2012

**Transaction ID : SA11.1299**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

1000.00

**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 69 OF 125
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>SALISBURY SQUARE, LLC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2012	
Mailing Address PO BOX 199		<b>Transaction ID : SA11.1431</b>	
City SALISBURY	State CT	Zip Code 06068-0199	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation		CONTRIBUTION	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	
		LLC OWNED BY MARIE E. LAROCHE	

Full Name (Last, First, Middle Initial) <b>SALISBURY SQUARE, LLC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 26 / 2012	
Mailing Address PO BOX 199		<b>Transaction ID : SA11.1432</b>	
City SALISBURY	State CT	Zip Code 06068-0199	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation		CONTRIBUTION	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	
		LLC OWNED BY MARIE E. LAROCHE	

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer Occupation		CONTRIBUTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	95851.42

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

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

FOR LINE NUMBER: PAGE 70 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CLARK FOR CONGRESS**

Mailing Address P.O. BOX 1314

City State Zip Code  
FARMINGTON CT 06034-1314

FEC ID number of contributing federal political committee. **C** C00495325

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012

**Transaction ID : SA11.1385**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CONN. AUTO RECYCLES, P.A.C.**

Mailing Address 53 ROBETH LANE

City State Zip Code  
WETHERSFIELD CT 06109-3552

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : SA11.1365**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WSWC-FEDERAL PAC**

Mailing Address 132 TEMPLE ST

City State Zip Code  
NEW HAVEN CT 06510-2625

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2012

**Transaction ID : SA11.1401**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

2600.00

2600.00

**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 71 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ross Brennan</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 188.70
City Litchfield	State CT Zip Code	
Purpose of Disbursement payroll	Category/Type 001	<b>Transaction ID : 331</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Ross Brennan</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 359.40
City Litchfield	State CT Zip Code	
Purpose of Disbursement payroll	Category/Type 001	<b>Transaction ID : 3321</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. Ross Brennan</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address Gallow Lane		Amount of Each Disbursement this Period 39.85
City Litchfield	State CT Zip Code	
Purpose of Disbursement reimbursement mileage	Category/Type 002	<b>Transaction ID : 346</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	587.95
<b>TOTAL</b> 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 72 OF 125		
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marana Brooks</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 88 Wigwam Road		Amount of Each Disbursement this Period 483.26
City Litchfield	State CT Zip Code 06759	
Purpose of Disbursement disbursement of in kind contribution	Category/Type 003	<b>Transaction ID : 120</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Kelly Calaza</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2012
Mailing Address 16 Eliabeth Road		Amount of Each Disbursement this Period 257.90
City Farmington	State CT Zip Code	
Purpose of Disbursement Convention expense Balloons	Category/Type 007	<b>Transaction ID : 251</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. MaryAnne Carson</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 39 Fleetwood Road		Amount of Each Disbursement this Period 52.00
City New Fairfield	State CT Zip Code	
Purpose of Disbursement Reimbursement -voter list	Category/Type 001	<b>Transaction ID : 353</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	793.16
<b>TOTAL</b> 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 73 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Amy DeGraft</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address Stoner Drive		Amount of Each Disbursement this Period 72.00
City West Hartford	State CT	
Zip Code 06107-1308	Purpose of Disbursement Tickets to Rock Cat	<b>Transaction ID : 2641</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Marc Dillion</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address Park Ave		Amount of Each Disbursement this Period 6000.00
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement Campaign Consultant	<b>Transaction ID : 238</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Marc Dillion</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address Park Ave		Amount of Each Disbursement this Period 6000.00
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement Campaign Consultant	<b>Transaction ID : 357</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12072.00
<b>TOTAL</b> 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 74 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58
City Watertown	State CT	
Zip Code 06795		
Purpose of Disbursement Payroll		Category/ Type 001
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: _____	

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58
City Watertown	State CT	
Zip Code 06795		
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: _____	

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 200.00
City Watertown	State CT	
Zip Code 06795		
Purpose of Disbursement Reimbursement campaign event dinner		Category/ Type 001
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)	4 tickets
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2501.16
<b>TOTAL</b> 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 75 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58 <b>Transaction ID : 275</b>
City Watertown	State CT	
Purpose of Disbursement payroll		Category/ Type 001
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:		

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 121.27 <b>Transaction ID : 277</b>
City Watertown	State CT	
Purpose of Disbursement Reimbursement mileage		Category/ Type 002
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:		

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 145.41 <b>Transaction ID : 281</b>
City Watertown	State CT	
Purpose of Disbursement reimbursement office supplies		Category/ Type 001
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1417.26
<b>TOTAL</b> 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 76 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58 <b>Transaction ID : 295</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Payroll	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 75.79 <b>Transaction ID : 355</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Reimbursement Food	Category/ Type 007
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:	

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58 <b>Transaction ID : 3661</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Payroll	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2376.95
<b>TOTAL</b> 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 77 OF 125	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2011
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 188.70
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement payroll	<b>Transaction ID : 333</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 359.40
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement payroll	<b>Transaction ID : 334</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Ryan Fredrikson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 9.90
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Reimbursement mileage	<b>Transaction ID : 344</b>
Candidate Name	002 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	558.00
<b>TOTAL</b> 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 78 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Ryan Fredrikson</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 4 Blinkoff		Amount of Each Disbursement this Period 25.00
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Reimbursement Lunch Coordinator	<b>Transaction ID : 345</b>
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Adeline Harris</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address Wahinee heights		Amount of Each Disbursement this Period 247.00
City Salisbury	State CT	
Zip Code	Purpose of Disbursement Disbursement of in kind	<b>Transaction ID : 1911</b>
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>C. William Harris</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address Wahinee Heights		Amount of Each Disbursement this Period 247.49
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement disbursement of in kind	<b>Transaction ID : 1986</b>
Candidate Name	Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	519.49
<b>TOTAL</b> 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 79 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Kane</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 301</b>
City Watertown	State CT	
Purpose of Disbursement Campaign Manager	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Robert Kane</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 311</b>
City Watertown	State CT	
Purpose of Disbursement Campaign Manager	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>c. Robert Kane</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 350</b>
City Watertown	State CT	
Purpose of Disbursement Campaign Manager	Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> 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 80 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert O Kane</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 301 Kimberly Lane		Amount of Each Disbursement this Period 348.69 <b>Transaction ID : 347</b>
City Watertown	State CT	
Purpose of Disbursement Reimbursement Food Entertainment	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Andrew Lautz</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 754.80 <b>Transaction ID : 189</b>
City Litchfield	State CT	
Purpose of Disbursement payroll	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>c. Andrew Lautz</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 105.45 <b>Transaction ID : 258</b>
City Litchfield	State CT	
Purpose of Disbursement reimbursement mileage	Category/ Type 002	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1208.94
<b>TOTAL</b> 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 81 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 382.24
City Litchfield	State CT	
Purpose of Disbursement Reimbursement copies	Category/ Type 001	<b>Transaction ID : 259</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 754.00
City Litchfield	State CT	
Purpose of Disbursement payroll	Category/ Type 001	<b>Transaction ID : 280</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 754.80
City Litchfield	State CT	
Purpose of Disbursement payroll	Category/ Type 001	<b>Transaction ID : 294</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1891.04
<b>TOTAL</b> 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 82 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrew Lautz</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 29 Highland		Amount of Each Disbursement this Period 316.03
City Litchfield	State CT	
Purpose of Disbursement Reimbursement mileage	Category/ Type 002	<b>Transaction ID : 343</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Conor Maloney</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 32 Longview Road		Amount of Each Disbursement this Period 66.00
City Avon	State CT	
Purpose of Disbursement Reimbursement Mileage	Category/ Type 002	<b>Transaction ID : 351</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address 49 ALLYNDAL ROAD		Amount of Each Disbursement this Period 407.84
City CANAAN	State CT	
Purpose of Disbursement reimbursement for Tables	Category/ Type 001	<b>Transaction ID : 188</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	789.87
<b>TOTAL</b> 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 83 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : 221</b>
City CANAAN	State CT	
Purpose of Disbursement payroll	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : 237</b>
City CANAAN	State CT	
Purpose of Disbursement payroll	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 825.00 <b>Transaction ID : 240</b>
City CANAAN	State CT	
Purpose of Disbursement Reimbursement mileage & Office Furniture	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		
		\$400 Mileage Reimbursement \$425 Furniture for office

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3071.00
<b>TOTAL</b> 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 84 OF 125		
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : 279</b>
City CANAAN	State CT	
Zip Code 06018	Purpose of Disbursement payroll	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : 296</b>
City CANAAN	State CT	
Zip Code 06018	Purpose of Disbursement payroll	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : 338</b>
City CANAAN	State CT	
Zip Code 06018	Purpose of Disbursement payroll	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3369.00
<b>TOTAL</b> 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 85 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Reto Morosani</b>			Date of Disbursement MM / DD / YYYY 06 / 30 / 2012		
Mailing Address 88 Wigwam Street			Amount of Each Disbursement this Period 483.27		
City Litchfield	State CT	Zip Code 06759	Transaction ID : 121		
Purpose of Disbursement Disbursement of inkind contribution		Category/ Type 003			
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:					

Full Name (Last, First, Middle Initial) <b>B. Mike Wilson</b>			Date of Disbursement MM / DD / YYYY 05 / 01 / 2012		
Mailing Address			Amount of Each Disbursement this Period 100.00		
City West Hartford	State CT	Zip Code 06117	Transaction ID : 199		
Purpose of Disbursement Musician		Category/ Type 003			
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:					

Full Name (Last, First, Middle Initial) <b>C. U.S. Postmaster Torrington</b>			Date of Disbursement MM / DD / YYYY 06 / 07 / 2012		
Mailing Address 185 Elm Street			Amount of Each Disbursement this Period 490.00		
City Torrington	State CT	Zip Code 06790	Transaction ID : 290		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1073.27
<b>TOTAL</b> 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 86 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Alfredo's</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 44.35
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement Food Volunteer	Category/Type 007	<b>Transaction ID : 101</b>
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 checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Align Media LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address 921 Cavalry Ride Trail		Amount of Each Disbursement this Period 1650.00
City AUSTIN	State TX Zip Code 78732	
Purpose of Disbursement Web Support	Category/Type 001	<b>Transaction ID : 310</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. American Copy</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address 2095 South Main Street		Amount of Each Disbursement this Period 159.53
City Waterbury	State CT Zip Code 06703	
Purpose of Disbursement	Category/Type 001	<b>Transaction ID : 160</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1853.88
<b>TOTAL</b> 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 87 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. American Copy</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 2095 South Main Street			Amount of Each Disbursement this Period 554.86 <b>Transaction ID : 256</b>
City Waterbury	State CT	Zip Code 06703	
Purpose of Disbursement copier fees		Category/ Type 001	
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: _____		

Full Name (Last, First, Middle Initial) <b>B. American Copy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 2095 South Main Street			Amount of Each Disbursement this Period 395.61 <b>Transaction ID : 362</b>
City Waterbury	State CT	Zip Code 06703	
Purpose of Disbursement Parts and Labor		Category/ Type 001	
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: _____		

Full Name (Last, First, Middle Initial) <b>c. American Copy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 2095 South Main Street			Amount of Each Disbursement this Period 159.53 <b>Transaction ID : 363</b>
City Waterbury	State CT	Zip Code 06703	
Purpose of Disbursement copier monthly Fee		Category/ Type 001	
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1110.00
<b>TOTAL</b> 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 88 OF 125		
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Apricots</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2012
Mailing Address 1593 Farmington Ave.		Amount of Each Disbursement this Period 2652.10 <b>Transaction ID : 342</b>
City Farmington	State CT	
Zip Code 06032	Purpose of Disbursement Fundraiser	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>B. ATT</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address P.O box 5082		Amount of Each Disbursement this Period 145.79 <b>Transaction ID : 264</b>
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>C. ATT Mobility</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 293.81 <b>Transaction ID : 319</b>
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement Wireless phone	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3091.70
<b>TOTAL</b> 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 89 OF 125	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. ATT Mobility</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 341.77
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement Wireless phones	<b>Transaction ID : 361</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. ATT U-verse</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2012
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 100.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement deposit	<b>Transaction ID : 181</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. ATT U-Verse</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 60.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Wireless network	<b>Transaction ID : 262</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	501.77
<b>TOTAL</b> 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 90 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. ATT U-Verse</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address P.O. Box 6463		Amount of Each Disbursement this Period 2012 100.00
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Wireless Network deposit - 47 Water St	<b>Transaction ID : 320</b>
Candidate Name	Category/Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. biDesigns LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 64 Humphrey Street		Amount of Each Disbursement this Period 2012 2073.83
City Seymour	State CT	
Zip Code 06483	Purpose of Disbursement	<b>Transaction ID : 366</b>
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 2012 800.00
City Falls Church	State CT	
Zip Code 22043	Purpose of Disbursement Fundraising software	<b>Transaction ID : 260</b>
Candidate Name	Category/Type 003	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2973.83
<b>TOTAL</b> 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 91 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2012
Mailing Address 7704 Leesburg Pike		Amount of Each Disbursement this Period 800.00
City Falls Church	State CT	
Zip Code 22043	Purpose of Disbursement	<b>Transaction ID : 359</b>
Candidate Name	003 Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Commission of Revenue Services - CT</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement CT Withholding	<b>Transaction ID : 103</b>
Candidate Name	001 Category/Type	
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:		

Full Name (Last, First, Middle Initial) <b>C. Commission of Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 79.21
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement CT Withholding	<b>Transaction ID : 104</b>
Candidate Name	001 Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	958.42
<b>TOTAL</b> 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 92 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Commission of Revenue Service</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 25 Sigourney Street			Amount of Each Disbursement this Period 79.21
City Hartford	State CT	Zip Code 06103	
Purpose of Disbursement CT Withholding	Candidate Name		<b>Transaction ID : 105</b>
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:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>B. Commission of Revenue Services</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2012
Mailing Address 25 Sigourney Street			Amount of Each Disbursement this Period 79.21
City Hartford	State CT	Zip Code 06106	
Purpose of Disbursement CT Withholding	Candidate Name		<b>Transaction ID : 106</b>
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:	Category/Type 001		

Full Name (Last, First, Middle Initial) <b>C. Commission of Revenue Services</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address 25 Sigourney Street			Amount of Each Disbursement this Period 79.21
City Hartford	State CT	Zip Code 06106	
Purpose of Disbursement CT withholding	Candidate Name		<b>Transaction ID : 107</b>
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:	Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	237.63
<b>TOTAL</b> 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 93 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Connecticut Light and Power</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2012</b>
Mailing Address P.O. Box 150493			Amount of Each Disbursement this Period <b>66.87</b>
City Hartford	State CT	Zip Code 06115	
Purpose of Disbursement Utilities	Candidate Name		<b>Transaction ID : 358</b>
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:	Category/Type <b>001</b>		

Full Name (Last, First, Middle Initial) <b>B. Connecticut Light and Power</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 25 / 2012</b>
Mailing Address P.O. Box 150493			Amount of Each Disbursement this Period <b>92.80</b>
City Hartford	State CT	Zip Code 06115	
Purpose of Disbursement Utilities	Candidate Name		<b>Transaction ID : 261</b>
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:	Category/Type <b>001</b>		

Full Name (Last, First, Middle Initial) <b>c. CT Department of Labor</b>			Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2012</b>
Mailing Address P.O. Box 2940			Amount of Each Disbursement this Period <b>629.17</b>
City Hartford	State CT	Zip Code 06104	
Purpose of Disbursement Payroll Taxes	Candidate Name		<b>Transaction ID : 360</b>
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:	Category/Type <b>001</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>788.84</b>
<b>TOTAL</b> 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 94 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cutie Pies</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 131 Main Street Suite105A		Amount of Each Disbursement this Period 525.00
City Thomaston	State CT	
Zip Code 06787	Purpose of Disbursement Food	<b>Transaction ID : 244</b>
Candidate Name	001 Category/ Type	
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)	convention bag
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cutie Pies</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 131 Main Street Suite 105A		Amount of Each Disbursement this Period 24.00
City Thomaston	State CT	
Zip Code 06787	Purpose of Disbursement Food	<b>Transaction ID : 245</b>
Candidate Name	007 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. DJ International</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address 262 Tucker Ave. EXT		Amount of Each Disbursement this Period 400.00
City Oakville	State CT	
Zip Code 06779	Purpose of Disbursement Food	<b>Transaction ID : 282</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	949.00
<b>TOTAL</b> 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 95 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. FTIN</b>		M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address		Amount of Each Disbursement this Period 2138.49
City State Zip Code		
Purpose of Disbursement telephone GOTV	Category/ Type 001	<b>Transaction ID : 182</b>
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Greater Danbury Chamber of Commerce</b>		M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 325 East Jimmie Leeds Rd Suite 117		Amount of Each Disbursement this Period 130.00
City State Zip Code Galloway NJ 08205		
Purpose of Disbursement Event June Luncheon	Category/ Type 001	<b>Transaction ID : 388</b>
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:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Greenwood Counseling</b>		M M / D D / Y Y Y Y 06 / 22 / 2012
Mailing Address 25 South Street P.O Box 1549		Amount of Each Disbursement this Period 125.00
City State Zip Code Litchfield CT 06759		
Purpose of Disbursement Event Admission	Category/ Type 001	<b>Transaction ID : 326</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2393.49
<b>TOTAL</b> 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 96 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hartford Marriott Downtown</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2012
Mailing Address 200 Columbus Ave		Amount of Each Disbursement this Period 9322.25 <b>Transaction ID : 252</b>
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Convention Reception & Rooms	Category/ Type 007
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:	

Full Name (Last, First, Middle Initial) <b>B. Hartford Marriott Downtown</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address 200 Columbus Ave		Amount of Each Disbursement this Period 114.39 <b>Transaction ID : 257</b>
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Convention expense	Category/ Type 007
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:	

Full Name (Last, First, Middle Initial) <b>c. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2012
Mailing Address RTE 202		Amount of Each Disbursement this Period 55.82 <b>Transaction ID : 291</b>
City New Hartford	State CT	
Zip Code	Purpose of Disbursement Wood, Keys	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9492.46
<b>TOTAL</b> 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 97 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Home Depot</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address RTE 202		Amount of Each Disbursement this Period 445.61
City New Hartford	State CT	
Purpose of Disbursement air conditioner	Category/ Type 001	<b>Transaction ID : 307</b>
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: _____		

Full Name (Last, First, Middle Initial) <b>B. IRS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 428.41
City Andover	State MA	
Purpose of Disbursement Payroll Liabilities	Category/ Type 001	<b>Transaction ID : 108</b>
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: _____		

Full Name (Last, First, Middle Initial) <b>C. IRS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 661.41
City Andover	State MA	
Purpose of Disbursement payroll liabilities	Category/ Type 001	<b>Transaction ID : 109</b>
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1535.43
<b>TOTAL</b> 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 98 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. IRS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>16</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		16		2012
M M	/	D D	/	Y Y Y Y									
05		16		2012									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code Andover MA 05501		<table border="1"> <tr> <td>661.41</td> </tr> </table>		661.41									
661.41													
Purpose of Disbursement Payroll liabilities		Transaction ID : 110											
Candidate Name		Category/Type 001											
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:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. IRS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>30</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	05		30		2012
M M	/	D D	/	Y Y Y Y									
05		30		2012									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code Andover MA 05501		<table border="1"> <tr> <td>722.61</td> </tr> </table>		722.61									
722.61													
Purpose of Disbursement payroll Liabilities		Transaction ID : 111											
Candidate Name		Category/Type 001											
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:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. IRS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>13</td> <td></td> <td>2012</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		13		2012
M M	/	D D	/	Y Y Y Y									
06		13		2012									
Mailing Address		Amount of Each Disbursement this Period											
City State Zip Code Andover MA 05501		<table border="1"> <tr> <td>722.61</td> </tr> </table>		722.61									
722.61													
Purpose of Disbursement payroll liabilities		Transaction ID : 112											
Candidate Name		Category/Type 001											
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:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2106.63
<b>TOTAL</b> 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 99 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. IRS</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2012
Mailing Address		Amount of Each Disbursement this Period 918.21
City Andover	State MA	
Zip Code 05501	Purpose of Disbursement payroll Liabilites	<b>Transaction ID : 113</b>
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>B. Kartele</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 511 Wolcott Ave		Amount of Each Disbursement this Period 776.33
City Waterbury	State CT	
Zip Code 06705	Purpose of Disbursement Ipad	<b>Transaction ID : 349</b>
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>C. Litchfield County Promotions</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 1353.82
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Hostess gifts	<b>Transaction ID : 313</b>
Candidate Name	Category/ Type 003	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3048.36
<b>TOTAL</b> 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 100 OF 125	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Litchfield County Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2012</b>
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period <b>47.15</b>
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Re Cal sales taxes	<b>Transaction ID : 367</b>
Candidate Name	Category/Type <b>001</b>	
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:		

Full Name (Last, First, Middle Initial) <b>B. Litchfield County Promotions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2012</b>
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period <b>846.45</b>
City Thomaston	State CT	
Zip Code 06787-0177	Purpose of Disbursement Jar Grips	<b>Transaction ID : 368</b>
Candidate Name	Category/Type <b>006</b>	
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:		

Full Name (Last, First, Middle Initial) <b>C. Middlebury Bee - Intelligner</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2012</b>
Mailing Address PO Box 10		Amount of Each Disbursement this Period <b>200.00</b>
City Middlebury	State CT	
Zip Code 06762	Purpose of Disbursement Ad	<b>Transaction ID : 352</b>
Candidate Name	Category/Type <b>004</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1093.60</b>
<b>TOTAL</b> 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 101 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Research</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 146 State Highway 34 Suite 250		Amount of Each Disbursement this Period 10000.00
City Holmdel	State NJ	Zip Code 07733
Purpose of Disbursement Polling	Category/ Type 005	
Candidate Name	Transaction ID : 298	
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:		

Full Name (Last, First, Middle Initial) <b>B. Northwest CT Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address Kennedy Drive		Amount of Each Disbursement this Period 50.00
City Torrington	State CT	Zip Code 06790
Purpose of Disbursement Chamber of Commerce event	Category/ Type 007	
Candidate Name	Transaction ID : 303	
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:		

Full Name (Last, First, Middle Initial) <b>C. Officer's Club of Connecticut</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2012
Mailing Address National Guard Army 360 Broad Street		Amount of Each Disbursement this Period 494.60
City Hartford	State CT	Zip Code 06105-3713
Purpose of Disbursement Fundraiser Food/Drinks	Category/ Type 003	
Candidate Name	Transaction ID : 340	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10544.60
<b>TOTAL</b> 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 102 OF 125	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 29 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>266.69</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>reimbursement of Fundraising Supplies</b> Category/Type <b>003</b>	
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:		

**Transaction ID : 126**

Full Name (Last, First, Middle Initial) <b>B. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 17 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>7000.00</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>Fundraising Consultant</b> Category/Type <b>003</b>	
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:		

**Transaction ID : 248**

Full Name (Last, First, Middle Initial) <b>c. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 26 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>7266.69</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>Fundraising consultant</b> Category/Type <b>003</b>	
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:		

**Transaction ID : 323**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>14533.38</b>
<b>TOTAL</b> 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 103 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card charge back fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 29.00
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card charge back Fee	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 210.08
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Fees	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	268.08
<b>TOTAL</b> 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 104 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 30 / 2012</b>
Mailing Address <b>144 2ND STREET</b>		Amount of Each Disbursement this Period <b>340.89</b> <b>Transaction ID : 128</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b> Zip Code <b>94105</b>	
Purpose of Disbursement <b>Credit Card Fees</b>	<b>001</b>	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:		

Full Name (Last, First, Middle Initial) <b>B. Pound Feinstein &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 22 / 2012</b>
Mailing Address <b>700 East Main Street</b>		Amount of Each Disbursement this Period <b>621.25</b> <b>Transaction ID : 255</b>
City <b>Richmond</b>	State <b>VA</b> Zip Code	
Purpose of Disbursement <b>Development of Brochure</b>	<b>006</b>	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:		

Full Name (Last, First, Middle Initial) <b>C. Quill</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 25 / 2012</b>
Mailing Address <b>P.O. Box 37600</b>		Amount of Each Disbursement this Period <b>165.93</b> <b>Transaction ID : 263</b>
City <b>Philadelphia</b>	State <b>PA</b> Zip Code <b>19101</b>	
Purpose of Disbursement <b>copier paper and ink</b>	<b>001</b>	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1128.07</b>
<b>TOTAL</b> 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 105 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Quill</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period 264.54 <b>Transaction ID : 364</b>
City Philadelphia State PA Zip Code 19101	Purpose of Disbursement Notebooks Candidate Name Category/Type 001	
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:	

Full Name (Last, First, Middle Initial) <b>B. Quill</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. Box 37600		Amount of Each Disbursement this Period 264.54 <b>Transaction ID : 391</b>
City Philadelphia State PA Zip Code 19101	Purpose of Disbursement Notebooks Candidate Name Category/Type 001	
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:	

Full Name (Last, First, Middle Initial) <b>c. Register Citizen</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address 59 Field Street		Amount of Each Disbursement this Period 371.04 <b>Transaction ID : 389</b>
City Torrington State CT Zip Code	Purpose of Disbursement AD Candidate Name Category/Type 004	
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.12
<b>TOTAL</b> 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 106 OF 125	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Scoville Plumbing and Heating</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address 311 South Main Street		Amount of Each Disbursement this Period 310.00 <b>Transaction ID : 365</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Install Air Conditioner	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Shirt Bakery</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2012
Mailing Address 75 Commercial Street		Amount of Each Disbursement this Period 381.75 <b>Transaction ID : 246</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Shirts	Category/ Type 007
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:	

Full Name (Last, First, Middle Initial) <b>c. Shirt Bakery</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2012
Mailing Address 75 Commercial Street		Amount of Each Disbursement this Period 60.00 <b>Transaction ID : 293</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Shirt	Category/ Type 007
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	751.75
<b>TOTAL</b> 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 107 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46
City THOMASTON	State CT	Zip Code 06787
Purpose of Disbursement Printing envelopes	Category/ Type 001	
Candidate Name	Transaction ID : 127	
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:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1409.09
City THOMASTON	State CT	Zip Code 06787
Purpose of Disbursement Brochures	Category/ Type 006	
Candidate Name	Transaction ID : 130	
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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 113.94
City THOMASTON	State CT	Zip Code 06787
Purpose of Disbursement printing	Category/ Type 003	
Candidate Name	Transaction ID : 183	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1818.94
<b>TOTAL</b> 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 108 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 404.56	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 184	
Purpose of Disbursement printing		001 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:				

Full Name (Last, First, Middle Initial) <b>B. sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 82.97	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 185	
Purpose of Disbursement printing		003 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:				

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 413.99	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 1856	
Purpose of Disbursement printing		006 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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	901.52
<b>TOTAL</b> 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 109 OF 125	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 145.00 <b>Transaction ID : 265</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Invites	Category/ Type 003
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:	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 50.37 <b>Transaction ID : 266</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Blank Stock paper	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 113.94 <b>Transaction ID : 267</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Invitation	Category/ Type 003
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	309.31
<b>TOTAL</b> 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 110 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 97.33
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Blank Invitation stock	<b>Transaction ID : 269</b>
Candidate Name	003 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 145.37
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Fundraising Invitattion	<b>Transaction ID : 270</b>
Candidate Name	003 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1402.50
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Tote Bags	<b>Transaction ID : 272</b>
Candidate Name	006 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1645.20
<b>TOTAL</b> 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 111 OF 125	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 29.72
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement paper	<b>Transaction ID : 273</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 6655.02
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing - Invitations , Brochures	<b>Transaction ID : 285</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 304.70
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing letterhead	<b>Transaction ID : 300</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6989.44
<b>TOTAL</b> 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 112 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 481.61 <b>Transaction ID : 316</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Letterhead	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 19 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 971.70 <b>Transaction ID : 317</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Brochure	Category/ Type 006
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:	

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 91.41 <b>Transaction ID : 369</b>
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Signs	Category/ Type 006
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1544.72
<b>TOTAL</b> 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 113 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 732.01	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 370	
Purpose of Disbursement Bumperstickers		Category/ Type 006		
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:				

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 395.81	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 371	
Purpose of Disbursement Invitation		Category/ Type 003		
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:				

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 451.13	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 372	
Purpose of Disbursement printing envelopes		Category/ Type 001		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1578.95
<b>TOTAL</b> 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 114 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 971.70
City THOMASTON	State CT	Zip Code 06787
Purpose of Disbursement Letterhead and Envelopes	Category/ Type 001	
Candidate Name	Transaction ID : 374	
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:		

Full Name (Last, First, Middle Initial) <b>B. sir speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46
City THOMASTON	State CT	Zip Code 06787
Purpose of Disbursement POSTCARDS	Category/ Type 001	
Candidate Name	Transaction ID : 375	
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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 481.61
City THOMASTON	State CT	Zip Code 06787
Purpose of Disbursement remittance Envelopes	Category/ Type 003	
Candidate Name	Transaction ID : 376	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1748.77
<b>TOTAL</b> 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 115 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 121.72
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement invites	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 110.92
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Envelopes	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 295.46
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Envelopes Response	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	528.10
<b>TOTAL</b> 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 116 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 105.69	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 383	
Purpose of Disbursement Response Card		Category/ Type 003		
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:				

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 237.31	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 384	
Purpose of Disbursement envelopes		Category/ Type 003		
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:				

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address P.O. BOX 517			Amount of Each Disbursement this Period 1457.81	
City THOMASTON	State CT	Zip Code 06787	Transaction ID : 385	
Purpose of Disbursement printing and mailing letter		Category/ Type 003		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1800.81
<b>TOTAL</b> 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 117 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012		
Mailing Address 15 South Main Street			Amount of Each Disbursement this Period 62.21		
City Torrington	State CT	Zip Code 06790	Transaction ID : 186		
Purpose of Disbursement office supplies		001 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:					

Full Name (Last, First, Middle Initial) <b>B. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012		
Mailing Address 15 South Main Street			Amount of Each Disbursement this Period 48.18		
City Torrington	State CT	Zip Code 06790	Transaction ID : 235		
Purpose of Disbursement office supplies		001 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:					

Full Name (Last, First, Middle Initial) <b>c. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2012		
Mailing Address 15 South Main Street			Amount of Each Disbursement this Period 180.99		
City Torrington	State CT	Zip Code 06790	Transaction ID : 247		
Purpose of Disbursement office Supplies		001 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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	291.38
<b>TOTAL</b> 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 118 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 266.52 <b>Transaction ID : 253</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 124.43 <b>Transaction ID : 254</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office Supplies	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 93.62 <b>Transaction ID : 2551</b>
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	Category/ Type 001
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	484.57
<b>TOTAL</b> 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 119 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 264.90
City Torrington State CT Zip Code 06790	Purpose of Disbursement Office Supplies 001 Category/Type	
Candidate Name		<b>Transaction ID : 288</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 201.24
City Torrington State CT Zip Code 06790	Purpose of Disbursement office supplies 001 Category/Type	
Candidate Name		<b>Transaction ID : 289</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 146.53
City Torrington State CT Zip Code 06790	Purpose of Disbursement offrice supplies 001 Category/Type	
Candidate Name		<b>Transaction ID : 297</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	612.67
<b>TOTAL</b> 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 120 OF 125			
	<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)  
**Roraback for Congress**

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

Mailing Address 15 South Main Street

City Torrington State CT Zip Code 06790

Purpose of Disbursement computer

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 15 / 2012

Amount of Each Disbursement this Period: 695.49

Transaction ID : 305

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**B. Staples**

Mailing Address 15 South Main Street

City Torrington State CT Zip Code 06790

Purpose of Disbursement office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 27 / 2012

Amount of Each Disbursement this Period: 61.92

Transaction ID : 308

Category/Type: 001

Full Name (Last, First, Middle Initial)  
**c. Staples**

Mailing Address 15 South Main Street

City Torrington State CT Zip Code 06790

Purpose of Disbursement office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 27 / 2012

Amount of Each Disbursement this Period: 94.86

Transaction ID : 321

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 852.27

**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 121 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 63.79
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement office supplies	<b>Transaction ID : 327</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. State of CT Emergency Department</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2012
Mailing Address 1111 Country Club road		Amount of Each Disbursement this Period 396.50
City Middletown	State CT	
Zip Code 06457	Purpose of Disbursement State Trooper	<b>Transaction ID : 232</b>
Candidate Name	003 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. Tangarone and Prelli</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2012
Mailing Address 19 Rowley Street		Amount of Each Disbursement this Period -376.00
City Winsted	State CT	
Zip Code 06098	Purpose of Disbursement Vendor Reimbursement	<b>Transaction ID : 2003</b>
Candidate Name	Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.29
<b>TOTAL</b> 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 122 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tangarone and Prelli</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2012
Mailing Address 19 Rowley Street			Amount of Each Disbursement this Period 967.00 <b>Transaction ID : 231</b>
City Winsted	State CT	Zip Code 06098	
Purpose of Disbursement insurance		Category/ Type 001	
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:			

Full Name (Last, First, Middle Initial) <b>B. The Litchfield Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2012
Mailing Address Rte 202			Amount of Each Disbursement this Period 100.00 <b>Transaction ID : 306</b>
City Litchfield	State CT	Zip Code	
Purpose of Disbursement Deposit		Category/ Type 007	
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:			

Full Name (Last, First, Middle Initial) <b>c. The Litchfield Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2012
Mailing Address Rte 202			Amount of Each Disbursement this Period 202.16 <b>Transaction ID : 325</b>
City Litchfield	State CT	Zip Code	
Purpose of Disbursement Food		Category/ Type 007	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1269.16
<b>TOTAL</b> 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 123 OF 125	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. The UConn Foundation</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2012
Mailing Address P.o. Box 1177		Amount of Each Disbursement this Period 360.00
City Avon	State CT	
Zip Code 06001	Purpose of Disbursement Walk and Run Event	<b>Transaction ID : 187</b>
Candidate Name	Category/ Type 007	
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:		

Full Name (Last, First, Middle Initial) <b>B. Torrington Downtown Partners</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00
City Torrington	State CT	
Zip Code 06079	Purpose of Disbursement Rent	<b>Transaction ID : 233</b>
Candidate Name	Category/ Type 001	
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:		

Full Name (Last, First, Middle Initial) <b>C. Torrington Downtown Partners</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00
City Torrington	State CT	
Zip Code 06079	Purpose of Disbursement Rent	<b>Transaction ID : 286</b>
Candidate Name	Category/ Type 001	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2330.00
<b>TOTAL</b> 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 124 OF 125		
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Post Office -Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2012
Mailing Address East Elm Street		Amount of Each Disbursement this Period 136.00
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Post Office Box Rental	<b>Transaction ID : 1901</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster Waterbury</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 135 Grand Street		Amount of Each Disbursement this Period 341.07
City Waterbury	State CT	
Zip Code	Purpose of Disbursement postage	<b>Transaction ID : 242</b>
Candidate Name	001 Category/ Type	
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:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 675.00
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement postage	<b>Transaction ID : 2421</b>
Candidate Name	001 Category/ Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1152.07
<b>TOTAL</b> 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 125 OF 125			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : 304</b>
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement POSTAGE	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2012
Mailing Address EAST ELM STREET		Amount of Each Disbursement this Period 450.00 <b>Transaction ID : 322</b>
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement Postage	Category/ Type 001
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:	

Full Name (Last, First, Middle Initial) <b>C.</b>		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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	122331.85