

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 145
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LLC C F Efron Company

Mailing Address 39 Stonybrook Road

City State Zip Code
Westport CT 06880

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

Name of Employer See below Occupation See below

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.....00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2006

Transaction ID: SA11A1.21783

Amount of Each Receipt this Period
.....-250.00

Reattribute:
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Patrick Charmel

Mailing Address 100 West Meadow Street

City State Zip Code
Hamden CT 06518

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

Name of Employer Griffin Hospital Occupation Executive

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.....250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.21839

Amount of Each Receipt this Period
.....250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Bernard Clark

Mailing Address 95 Johnny Cake Lane

City State Zip Code
Glastonbury CT 06033

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

Name of Employer St. Francis Hospital Occupation Physician

Receipt For: 2006
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
.....250.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 19 / 2006

Transaction ID: SA11A1.21819

Amount of Each Receipt this Period
.....250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	