

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

LARSON FOR CONGRESS

ADDRESS (number and street)

PO Box 479

Check if different than previously reported. (ACC)

Glastonbury

CT

06033-0479

2. **FEC IDENTIFICATION NUMBER**

C C00330142

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CT

01

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Barry Feldman

Signature of Treasurer Barry Feldman

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**LARSON 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))....	179116.98	747125.22
(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)).....	179116.98	747125.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	119312.88	598281.88
(b) Total Offsets to Operating Expenditures (from Line 14).....	1551.64	6679.99
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	117761.24	591601.89
8. Cash on Hand at Close of Reporting Period (from Line 27).....	329638.09	
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).....	12298.79	

**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

**LARSON 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).....	28350.00	246440.62
(ii) Unitemized.....	4640.00	35645.00
(iii) TOTAL of contributions from individuals ▶	32990.00	282085.62
(b) Political Party Committees.....	0.00	15.97
(c) Other Political Committees (such as PACs).....	146126.98	465023.63
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	179116.98	747125.22
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.) .....	1551.64	6679.99
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	340.44	3752.84
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	181009.06	757558.05

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	119312.88	598281.88
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 .....	130600.00	376116.48
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	249912.88	974398.36

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	398541.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	181009.06
25. SUBTOTAL (add Line 23 and Line 24).....	579550.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	249912.88
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	329638.09

**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 143
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rajendra Appalaneni**

Mailing Address 279 Hunting Ridge Road

City State Zip Code  
Stamford CT 06903

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

Name of Employer Occupation  
Self-employed Pharmacist

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  
12 / 04 / 2011

**Transaction ID : SA11Al.46471**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Anthony V. Avallone**

Mailing Address 75 Broad Street

City State Zip Code  
Milford CT 06460

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

Name of Employer Occupation  
Avallone, DiBella & Associates Lobbyist

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  
12 / 07 / 2011

**Transaction ID : SA11Al.46447**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniele Baierlein**

Mailing Address 1401 17th Street NW

City State Zip Code  
Washington DC 20036

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

Name of Employer Occupation  
Podesta Partners Principal

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  
12 / 19 / 2011

**Transaction ID : SA11Al.46420**

Amount of Each Receipt this Period  
250.00

**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 6 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Morongo Band of Mission Indians**

Mailing Address 11581 Potrero Road

City Banning State CA Zip Code 92220

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

Name of Employer n/a Occupation n/a

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  
 12 / 17 / 2011

**Transaction ID : SA11AI.46436**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert J. Bazyk**

Mailing Address 59 Rainbow Road

City East Granby State CT Zip Code 06026

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

Name of Employer Command Corp. Occupation CEO

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  
 12 / 07 / 2011

**Transaction ID : SA11AI.46451**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ken Capano**

Mailing Address 684 West Pond Meadow Road

City Westbrook State CT Zip Code 06498

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

Name of Employer Five Star Supermarkets Occupation Management

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  
 11 / 28 / 2011

**Transaction ID : SA11AI.46240**

Amount of Each Receipt this Period  
 500.00

**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 7 OF 143
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Scott Capano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 27 / 2011
Mailing Address Laurel Hill Road		<b>Transaction ID : SA11AI.46270</b>
City Norwich	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Five Star Supermarkets	Occupation Retail Food Manager	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Richard Carbray</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2011
Mailing Address 18 Foxbriar Lane		<b>Transaction ID : SA11AI.46322</b>
City Rocky Hill	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Apex Pharmacy	Occupation Pharmacist	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Jordan Coe</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 47 Middletown Avenue		<b>Transaction ID : SA11AI.46252</b>
City Wethersfield	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Waverly Markets LLC	Occupation Owner	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 500.00	

<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 8 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Alexander B. Cohen**

Mailing Address 585 Main Street

City State Zip Code  
Cromwell CT 06416

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

Name of Employer Occupation  
Waverly Markets LLC 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 Y Y  
11 / 28 / 2011

**Transaction ID : SA11AI.46256**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Z. Cohen**

Mailing Address 10 Fernwood Drive

City State Zip Code  
Old Saybrook CT 06475

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

Name of Employer Occupation  
Waverly Markets, LLC President

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  
11 / 28 / 2011

**Transaction ID : SA11AI.46254**

Amount of Each Receipt this Period  
1250.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Z. Cohen**

Mailing Address 10 Fernwood Drive

City State Zip Code  
Old Saybrook CT 06475

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

Name of Employer Occupation  
Waverly Markets, LLC President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2011

**Transaction ID : SA11AI.46698**

Amount of Each Receipt this Period  
250.00

**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 9 OF 143
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michelle DeFazio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2011	
Mailing Address 120 Indian Hill Road		<b>Transaction ID : SA11AI.46320</b>	
City Canton	State CT	Zip Code 06019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2400.00	
Name of Employer None	Occupation None		
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Michelle DeFazio</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2011	
Mailing Address 120 Indian Hill Road		<b>Transaction ID : SA11AI.46321</b>	
City Canton	State CT	Zip Code 06019	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer None	Occupation None		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Praveen Dhulipalla</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2011	
Mailing Address 28 Buckingham Road		<b>Transaction ID : SA11AI.46460</b>	
City Avon	State CT	Zip Code 06001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Waterbury Pharmacy	Occupation Manager		
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).....	5150.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Peter Evans**

Mailing Address 44 High Ridge Road

City State Zip Code  
West Hartford CT 06117

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

Name of Employer Occupation  
Rogin Nassau Attorney

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  
11 / 28 / 2011

**Transaction ID : SA11AI.46279**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Feiner**

Mailing Address 110 Norwood Road

City State Zip Code  
West Hartford CT 06117

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

Name of Employer Occupation  
Feiner Wolfson LLC Attorney

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  
11 / 30 / 2011

**Transaction ID : SA11AI.46264**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Sam Gejdenson**

Mailing Address Box 181

City State Zip Code  
Bozrah CT 06334

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

Name of Employer Occupation  
Gejdenson International LLC Principal

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  
11 / 28 / 2011

**Transaction ID : SA11AI.46246**

Amount of Each Receipt this Period  
250.00

**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 11 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Sudheer Babu Ghanta**

Mailing Address 12 Block Ave

City State Zip Code  
Claremont NH 03473

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

Name of Employer Occupation  
Self-employed Pharmacist

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  
12 / 04 / 2011

**Transaction ID : SA11AI.46467**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary S. Graikowski**

Mailing Address 25 Lincoln Lane

City State Zip Code  
Simsbury CT 06089

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

Name of Employer Occupation  
Arrow Prescription Center Pharmacist

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  
12 / 04 / 2011

**Transaction ID : SA11AI.46466**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Jean Cronin Hughes**

Mailing Address 88 Sheffield Street

City State Zip Code  
Old Saybrook CT 06475

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

Name of Employer Occupation  
Hughes & Cronin Public Affairs Lobbyist

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  
12 / 07 / 2011

**Transaction ID : SA11AI.46448**

Amount of Each Receipt this Period  
250.00

**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: PAGE 12 OF 143  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Lawrence B. Jackson**

Mailing Address 281 Deerfield Road

City Windsor State CT Zip Code 06095

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

Name of Employer Arrow Prescription Center Occupation Pharmacist

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  
 12 / 07 / 2011

**Transaction ID : SA11AI.46450**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter G. Kelly**

Mailing Address 1 State Street

City Hartford State CT Zip Code 06013

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

Name of Employer Updike, Kelly & Spellacy, P.C. Occupation Attorney

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  
 12 / 20 / 2011

**Transaction ID : SA11AI.46492**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Simon Konover**

Mailing Address 401 E. Linton Blvd.

City Delray Beach State FL Zip Code 33483

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : SA11AI.46228**

Amount of Each Receipt this Period  
 1000.00

**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 13 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Charles D. Koteen**

Mailing Address 50 Chapman Place

City East Hartford State CT Zip Code 06108

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

Name of Employer Self-employed Occupation Photographer

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  
 12 / 30 / 2011

**Transaction ID : SA11AI.46417**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles Landgraf**

Mailing Address 7303 Peter Place

City McLean State VA Zip Code 22102

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

Name of Employer Dewey & LeBeouf Occupation Lobbyist

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  
 12 / 17 / 2011

**Transaction ID : SA11AI.46433**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Nick Littlefield**

Mailing Address 16 Longfellow Park

City Cambridge State MA Zip Code 02138

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

Name of Employer Foley Hoag LLP Occupation Attorney

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  
 12 / 29 / 2011

**Transaction ID : SA11AI.46418**

Amount of Each Receipt this Period  
 500.00

**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 14 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Michael T. Long**

Mailing Address 8 Erin's Way

City State Zip Code  
Simsbury CT 06070

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  
2250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2011

**Transaction ID : SA11AI.46315**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Christine S. Manzi**

Mailing Address 105 Valley Drive

City State Zip Code  
Berlin CT 06037

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

Name of Employer Occupation  
Arrow Pharmacy Pharmacist

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  
12 / 06 / 2011

**Transaction ID : SA11AI.46318**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Martin**

Mailing Address 169 Penn Drive

City State Zip Code  
West Hartford CT 06119

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

Name of Employer Occupation  
The Phoenix Companies, Inc. Executive

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  
12 / 05 / 2011

**Transaction ID : SA11AI.46326**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Artan Martinaj**

Mailing Address 375 Goodwin Street

City East Hartford State CT Zip Code 06108

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

Name of Employer CT Transit Occupation Bus Driver

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  
 10 / 31 / 2011

**Transaction ID : SA11AI.46077**

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Vanda B. McMurtry**

Mailing Address 1177 22nd Street NW

City Washington State DC Zip Code 20037

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

Name of Employer Davis & Harman LLP Occupation Partner

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  
 10 / 31 / 2011

**Transaction ID : SA11AI.46076**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**David J. McQuade**

Mailing Address 20-13 Whitney Ferguson Road

City Vernon State CT Zip Code 06066

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

Name of Employer Murtha Cullina LLP Occupation Consultant

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  
 12 / 04 / 2011

**Transaction ID : SA11AI.46462**

Amount of Each Receipt this Period  
 250.00

**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 16 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dwight Merriam**

Mailing Address 280 Trumbull Street

City State Zip Code  
Hartford CT 06103

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

Name of Employer Occupation  
Robinson & Cole Attorney

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  
12 / 06 / 2011

**Transaction ID : SA11AI.46312**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Rachael Mischke**

Mailing Address 66 Knollwood Road

City State Zip Code  
West Hartford CT 06110

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

Name of Employer Occupation  
Arrow Prescription Center Office Manager

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  
12 / 04 / 2011

**Transaction ID : SA11AI.46465**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Janemarie W. Murphy**

Mailing Address 187 Stoner Drive

City State Zip Code  
West Hartford CT 06107

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

Name of Employer Occupation  
Murtha, Cullina, LLP Government Relations

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  
12 / 02 / 2011

**Transaction ID : SA11AI.46327**

Amount of Each Receipt this Period  
250.00

**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 17 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Heather Podesta**

Mailing Address 2438 Belmont Road NW

City Washington State DC Zip Code 20008

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

Name of Employer Heather Podesta & Partners LLC Occupation Government Relations Representative

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  
 12 / 07 / 2011

**Transaction ID : SA11AI.46310**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael G. Polo**

Mailing Address 369 Progress Drive

City Manchester State CT Zip Code 06042

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

Name of Employer AdChem Mfg. Tech., Inc Occupation Owner

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  
 11 / 28 / 2011

**Transaction ID : SA11AI.46260**

Amount of Each Receipt this Period  
 750.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul S. Polo**

Mailing Address 369 Progress Drive

City Manchester State CT Zip Code 06042

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

Name of Employer AdChem Mfg. Tech., Inc Occupation Sales/Owner

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  
 11 / 28 / 2011

**Transaction ID : SA11AI.46261**

Amount of Each Receipt this Period  
 750.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 143
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Michael J. Prucker</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2011
Mailing Address 4700 Connecticut Ave. NW		<b>Transaction ID : SA11Al.46328</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Palmetto Group	Occupation Government Relations	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Laks Pudipeddi</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2011
Mailing Address 118 Gulf Street		<b>Transaction ID : SA11Al.46469</b>
City Milford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Bridgeport Pharmacy	Occupation Pharmacist	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Joseph P. Quinn, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2011
Mailing Address 1173 Farmington Avenue		<b>Transaction ID : SA11Al.46098</b>
City West Hartford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Furniss & Quinn P.C.	Occupation Attorney	
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).....	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 19 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Colleen Russell**

Mailing Address 33 Quinicy Road

City State Zip Code  
Glastonbury CT 06033

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

Name of Employer Occupation  
Arrow Pharmacy Pharmacist

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  
12 / 04 / 2011

**Transaction ID : SA11AI.46464**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward R. Schreiner Jr.**

Mailing Address 36 Pineridge Drive

City State Zip Code  
Oakville CT 06779

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

Name of Employer Occupation  
Stolls Pharmacy Pharmacist

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  
12 / 07 / 2011

**Transaction ID : SA11AI.46453**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert M. Spillane**

Mailing Address 18 Bainbridge Road

City State Zip Code  
West Hartford CT 06119

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

Name of Employer Occupation  
Jefferson Radiology MD

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  
11 / 28 / 2011

**Transaction ID : SA11AI.46289**

Amount of Each Receipt this Period  
250.00

**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 20 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Beth Stanton**

Mailing Address 1203 New Jersey Ave NW

City Washington State DC Zip Code 20001

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

Name of Employer Heather Podesta + Partners Occupation Lobbyist

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  
 12 / 06 / 2011

**Transaction ID : SA11AI.46324**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Beth Stanton**

Mailing Address 1203 New Jersey Ave NW

City Washington State DC Zip Code 20001

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

Name of Employer Heather Podesta + Partners Occupation Lobbyist

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  
 12 / 06 / 2011

**Transaction ID : SA11AI.46473**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Chandra Vipparla**

Mailing Address 2615 Howard Avenue

City New Haven State CT Zip Code 06118

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

Name of Employer Self-employed Occupation Pharmacist

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  
 12 / 06 / 2011

**Transaction ID : SA11AI.46316**

Amount of Each Receipt this Period  
250.00

**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 21 OF 143
	<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)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Margherita G. Wichowski**

Mailing Address 13 Morgan Place

City Unionville State CT Zip Code 06085

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

Name of Employer CT Pharmacists Association Occupation Executive Vice President

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  
 12 / 07 / 2011

**Transaction ID : SA11AI.46309**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**John Wolfson**

Mailing Address 1 Constitution Plaza

City Hartford State CT Zip Code 06103

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

Name of Employer Feiner Wolfson LLC Occupation Attorney

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  
 12 / 07 / 2011

**Transaction ID : SA11AI.46308**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

28350.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AEGON USA INC POLITICAL ACTION COMMITTEE**

Mailing Address 1111 North Charles Street

City Baltimore State MD Zip Code 21201

FEC ID number of contributing federal political committee. **C** C00236414

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2011

**Transaction ID : SA11C.46096**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AETNA INC POLITICAL ACTION COMMITTEE (FKA AETNA LIFE AND CASUALTY...)**

Mailing Address 151 FARMINGTON AVENUE  
151 FARMINGTON AVE.

City HARTFORD State CT Zip Code 06156

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2011

**Transaction ID : SA11C.46084**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLACPAC**

Mailing Address WORLDWIDE HEADQUARTERS

City COLUMBUS State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : SA11C.46680**

Amount of Each Receipt this Period  
3000.00

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

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

9000.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ALLIED PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 14600 TRINITY BLVD  
SUITE 500

City State Zip Code  
FORT WORTH TX 76155

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer Occupation

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  
 11 28 2011

**Transaction ID : SA11C.46215**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

Mailing Address One Prince Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00306449

Name of Employer Occupation

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  
 12 23 2011

**Transaction ID : SA11C.46444**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)**

Mailing Address 1050 31st Street N.W.

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C** C00024521

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  
 12 20 2011

**Transaction ID : SA11C.46429**

Amount of Each Receipt this Period  
 4000.00

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

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

6000.00

**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 143  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF NURSE ANESTHETISTS**

Mailing Address 412 First Street, S.E.  
Suite 12

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

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  
10 / 22 / 2011

**Transaction ID : SA11C.46088**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED**

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

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  
12 / 29 / 2011

**Transaction ID : SA11C.46489**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN GAS ASSOCIATION POLITICAL ACTION COMMITTEE; THE (GASPAC)**

Mailing Address 400 NORTH CAPITOL STREET NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00007450

Name of Employer Occupation

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  
12 / 17 / 2011

**Transaction ID : SA11C.46438**

Amount of Each Receipt this Period  
1000.00

**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 25 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SENIORS HOUSING ASSOCIATION (SENIORS HOUSING PAC)**

Mailing Address 5100 Wisconsin Ave. NW  
Suite 307

City Washington State DC Zip Code 20016

FEC ID number of contributing federal political committee. **C** C00325332

Name of Employer Occupation

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  
 10 / 31 / 2011

**Transaction ID : SA11C.46082**

Amount of Each Receipt this Period  
 5000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)**

Mailing Address 601 PENNSYLVANIA AVENUE, NW  
SOUTH BUILDING, SUITE 500

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106740

Name of Employer Occupation

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  
 10 / 22 / 2011

**Transaction ID : SA11C.46094**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION FOR ADVANCED LIFE UNDERWRITING POLITICAL ACTION COMMITTEE (AALU PAC)**

Mailing Address 2901 Telestar Court 4th Floor

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

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  
 11 / 28 / 2011

**Transaction ID : SA11C.46222**

Amount of Each Receipt this Period  
 4000.00

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

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

9500.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC)**

Mailing Address 295 NORTH MAPLE AVENUE

City State Zip Code  
BASKING RIDGE NJ 07920

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

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  
12 17 2011

**Transaction ID : SA11C.46432**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BLANK ROME PAC**

Mailing Address 600 NEW HAMPSHIRE AVENUE, NW

City State Zip Code  
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C** C00150797

Name of Employer Occupation

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  
12 19 2011

**Transaction ID : SA11C.46684**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BOEHRINGER INGELHEIM USA CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 900 Ridgebury Road  
Suite 315

City State Zip Code  
Ridgefield CT 06877

FEC ID number of contributing federal political committee. **C** C00420398

Name of Employer Occupation

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  
12 17 2011

**Transaction ID : SA11C.46439**

Amount of Each Receipt this Period  
1000.00

**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 27 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)**

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : SA11C.46263**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)**

Mailing Address 1200 WILSON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2011

**Transaction ID : SA11C.46440**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**BROTHERHOOD OF LOCOMOTIVE ENGINEERS AND TRAINMEN**

Mailing Address 1370 ONTARIO STREET MEZZANINE

City CLEVELAND State OH Zip Code 44113

FEC ID number of contributing federal political committee. **C** C70004908

Name of Employer Occupation

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  
 12 / 19 / 2011

**Transaction ID : SA11C.46686**

Amount of Each Receipt this Period  
 5000.00

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

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

7000.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
BROWN RUDNICK BERLACK ISRAELS LLP FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address ONE FINANCIAL CENTER

City BOSTON State MA Zip Code 02111

FEC ID number of contributing federal political committee. **C** C00410613

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 150.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2011

**Transaction ID : SA11C.46408**

Amount of Each Receipt this Period  
 150.00

In-kind - Office Use

**B.** Full Name (Last, First, Middle Initial)  
CITIZENS FINANCIAL GROUP INC. POLITICAL COMMITTEE

Mailing Address c/o Kenneth W. Robinson Treasurer  
One Citizens Plaza 12th Floor

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C** C00307249

Name of Employer Occupation

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  
 11 / 16 / 2011

**Transaction ID : SA11C.46119**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Mailing Address 100 INDIANA AVENUE NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C70001516

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011

**Transaction ID : SA11C.46673**

Amount of Each Receipt this Period  
 2000.00

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

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

3150.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**COVIDIEN POLITICAL ACTION COMMITTEE (COVIDIEN PAC)**

Mailing Address 900 7th Street N.W.  
Suite 975

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00433490

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 19 / 2011

**Transaction ID : SA11C.46681**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F Street, NW  
Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

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  
10 / 31 / 2011

**Transaction ID : SA11C.46079**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F Street, NW  
Suite 300

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

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  
12 / 19 / 2011

**Transaction ID : SA11C.46682**

Amount of Each Receipt this Period  
1500.00

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

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

3500.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA**

Mailing Address P O BOX 576

City State Zip Code  
WASHINGTON DC 20044

FEC ID number of contributing federal political committee. **C C00007880**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**6000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2011**

**Transaction ID : SA11C.46262**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**CUMMINS INC POLITICAL ACTION COMMITTEE (CIPAC)**

Mailing Address 601 Pennsylvania Avenue NW  
North Building Suite 625

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00377952**

Name of Employer Occupation

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  
**11 / 28 / 2011**

**Transaction ID : SA11C.46221**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address 501 THIRD STREET NW

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00002089**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 29 / 2011**

**Transaction ID : SA11C.46488**

Amount of Each Receipt this Period  
**5000.00**

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

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

**7000.00**

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

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

FOR LINE NUMBER: PAGE 31 OF 143  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)

A. Mailing Address P O BOX 909700

City State Zip Code  
KANSAS CITY MO 64190

FEC ID number of contributing federal political committee. **C C00001388**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 29 2011

Transaction ID : SA11C.46688

Amount of Each Receipt this Period  
 2000.00

B. Full Name (Last, First, Middle Initial)  
DARDEN RESTAURANTS, INC. EMPLOYEES GOOD GOVERNMENT FUND

Mailing Address 1000 Darden Center Drive

City State Zip Code  
Orlando FL 32837

FEC ID number of contributing federal political committee. **C C00108282**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention  
 Election Cycle-to-Date  
 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 29 2011

Transaction ID : SA11C.46487

Amount of Each Receipt this Period  
 4000.00

C. Full Name (Last, First, Middle Initial)  
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address 1250 EYE ST., NW #400

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00030734**

Name of Employer Occupation

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  
 10 21 2011

Transaction ID : SA11C.46510

Amount of Each Receipt this Period  
 250.00  
 In-kind - Mixologist

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

6250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address 1250 EYE ST., NW #400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 1363.72

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : SA11C.46512**

Amount of Each Receipt this Period  
 113.72

In-kind - Alcohol products

**B.** Full Name (Last, First, Middle Initial)  
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address 1250 EYE ST., NW #400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 1410.27

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : SA11C.46514**

Amount of Each Receipt this Period  
 46.55

In-kind - Food and bar set ups

**C.** Full Name (Last, First, Middle Initial)  
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address 1250 EYE ST., NW #400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 1476.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2011

**Transaction ID : SA11C.46516**

Amount of Each Receipt this Period  
 66.71

In-kind - Food

<b>SUBTOTAL</b> of Receipts This Page (optional).....	226.98
<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 33 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION POLITICAL ACTION COMMITTEE (ENGPAC)

**A.** Mailing Address 520 S GRAND AVE STE 700

City LOS ANGELES State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2011

**Transaction ID : SA11C.46225**

Amount of Each Receipt this Period  
 2500.00

Full Name (Last, First, Middle Initial)  
**GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN**

**B.** Mailing Address 3190 FAIRVIEW PARK DRIVE

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2011

**Transaction ID : SA11C.46458**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**GENERAL MOTORS CORPORATION POLITICAL ACTION COMMITTEE (GM PAC)**

**C.** Mailing Address 25 Massachusetts Avenue NW Suite 400

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer Occupation

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  
 12 / 29 / 2011

**Transaction ID : SA11C.46485**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

**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 34 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**GOODRICH POLITICAL ACTION COMMITTEE**

Mailing Address **2730 WEST TYVOLA ROAD**  
**FOUR COLISEUM CENTRE**

City **CHARLOTTE** State **NC** Zip Code **28217**

FEC ID number of contributing federal political committee. **C C00101725**

Name of Employer Occupation

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

Election Cycle-to-Date  
**3000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2011

**Transaction ID : SA11C.46220**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**HEWLETT PACKARD COMPANY PAC**

Mailing Address **3000 Hanover Street**  
**MS 1035**

City **Palo Alto** State **CA** Zip Code **94304**

FEC ID number of contributing federal political committee. **C C00196725**

Name of Employer Occupation

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

Election Cycle-to-Date  
**3000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

**Transaction ID : SA11C.46078**

Amount of Each Receipt this Period  
**3000.00**

**C.** Full Name (Last, First, Middle Initial)  
**HOME DEPOT INC BETTER GOVERNMENT COMMITTEE;THE**

Mailing Address **2455 PACES FERRY RD**

City **ATLANTA** State **GA** Zip Code **30045**

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

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

Election Cycle-to-Date  
**2500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2011

**Transaction ID : SA11C.46224**

Amount of Each Receipt this Period  
**2500.00**

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

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

**6500.00**

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

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

FOR LINE NUMBER: PAGE 35 OF 143  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION PAC

A. Mailing Address 1750 NEW YORK AVE NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)    Convention  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 29 2011

Transaction ID : SA11C.46484

Amount of Each Receipt this Period  
 2500.00

B. Full Name (Last, First, Middle Initial)  
INTERNATIONAL BROTHERHOOD OF BOILERMAKERS CAMPAIGN ASSISTANCE FUND

Mailing Address 753 State Ave. Suite 565

City State Zip Code  
Kansas City KS 66101

FEC ID number of contributing federal political committee. **C** C00005157

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)    Convention  
 Election Cycle-to-Date  
 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 19 2011

Transaction ID : SA11C.46676

Amount of Each Receipt this Period  
 1000.00

C. Full Name (Last, First, Middle Initial)  
INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17TH STREET NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C70002118

Name of Employer Occupation

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  
 12 22 2011

Transaction ID : SA11C.46442

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... 6000.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI PAC)**

Mailing Address 1401 H STREET NW SUITE 1200

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00105981

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2011

**Transaction ID : SA11C.46085**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**IRONWORKERS POLITICAL ACTION LEAGUE**

Mailing Address 1750 NY AVE, NW SUITE 400

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00027359

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2011

**Transaction ID : SA11C.46090**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**JOHNSON & JOHNSON POLITICAL ACTION COMMITTEE**

Mailing Address One Johnson & Johnson Plaza

City New Brunswick State NJ Zip Code 08933

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

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  
 12 / 06 / 2011

**Transaction ID : SA11C.46457**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

**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 37 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**KAMAN CORPORATION GOOD GOVERNMENT FUND**

Mailing Address **BLUE HILLS AVE/P O BOX 1**

City **BLOOMFIELD** State **CT** Zip Code **06002**

FEC ID number of contributing federal political committee. **C C00126847**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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  
**12 / 01 / 2011**

**Transaction ID : SA11C.46674**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **200 E BERRY STREET  
PO BOX 7813**

City **FORT WAYNE** State **IN** Zip Code **45802**

FEC ID number of contributing federal political committee. **C C00110577**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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  
**11 / 07 / 2011**

**Transaction ID : SA11C.46109**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **1295 STATE STREET**

City **SPRINGFIELD** State **MA** Zip Code **01111**

FEC ID number of contributing federal political committee. **C C00118943**

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  
**10 / 31 / 2011**

**Transaction ID : SA11C.46080**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**2000.00**

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

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

\_\_\_\_\_

**4000.00**

\_\_\_\_\_

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

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

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCKESSON CORPORATION EMPLOYEES POLITICAL FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2011
Mailing Address ONE POST STREET 32nd FLOOR		<b>Transaction ID : SA11C.46459</b>
City State Zip Code SAN FRANCISCO CA 94104	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C C00108035</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. MEBA PAF</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2011
Mailing Address 444 N. Capitol Street, NW		<b>Transaction ID : SA11C.46679</b>
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C C00279380</b>		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>C. MERCK &amp; CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2011
Mailing Address 601 Pennsylvania Ave., NW North Building, Suite 1200		<b>Transaction ID : SA11C.46423</b>
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C C00097485</b>		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	6000.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) EMPLOYEES' POLITICAL PARTICIPATION FUND A		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 22 / 2011
A. Mailing Address ONE MADISON AVENUE		Transaction ID : SA11C.46095
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C C00040923		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 4000.00	

Full Name (Last, First, Middle Initial) METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) EMPLOYEES' POLITICAL PARTICIPATION FUND A		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2011
B. Mailing Address ONE MADISON AVENUE		Transaction ID : SA11C.46455
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C C00040923		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) EMPLOYEES' POLITICAL PARTICIPATION FUND A		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2011
C. Mailing Address ONE MADISON AVENUE		Transaction ID : SA11C.46505
City NEW YORK	State NY	
FEC ID number of contributing federal political committee. C C00040923		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<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 40 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 16011 NE 36TH WAY  
BOX 97017

City REDMOND State WA Zip Code 98073

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

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  
 11 / 22 / 2011

**Transaction ID : SA11C.46428**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NARFE-PAC)**

Mailing Address 606 NORTH WASHINGTON STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

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  
 12 / 20 / 2011

**Transaction ID : SA11C.46430**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)**

Mailing Address 1150 17TH STREET NW SUITE 701

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00238725

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  
 10 / 22 / 2011

**Transaction ID : SA11C.46087**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00



**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 143  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATCA PAC)

A. Mailing Address 1150 17TH STREET NW SUITE 701

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00238725**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Election Cycle-to-Date  
 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2011

Transaction ID : SA11C.46089

Amount of Each Receipt this Period  
 1500.00

B. Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1771 N Street NW

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention Election Cycle-to-Date  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2011

Transaction ID : SA11C.46678

Amount of Each Receipt this Period  
 1000.00

C. Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1875 Eye Street NW  
Suite 600

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C C00303339**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention Election Cycle-to-Date  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2011

Transaction ID : SA11C.46427

Amount of Each Receipt this Period  
 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... 5000.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS' ASSOCIATION POLITICAL ACTION COMMITTEE (NBWA PAC)

Mailing Address 1100 SOUTH WASHINGTON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

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  
10 / 22 / 2011

**Transaction ID : SA11C.46086**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & MEDICARE - PAC

Mailing Address 2000 K STREET

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70002597

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2011

**Transaction ID : SA11C.46435**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL EDUCATION ASSOCIATION FUND FOR CHILDREN & PUB. EDUCATION

Mailing Address 1201 16TH STREET, N.W.

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70000492

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2011

**Transaction ID : SA11C.46443**

Amount of Each Receipt this Period  
3000.00

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

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

6500.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
NATIONAL POSTAL MAIL HANDLERS UNION PAC - DIV OF LABORERS' INT'L UNION OF NO AMER AFL-CIO

A. Mailing Address 905 16th Street NW  
Second Floor

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00345306

Name of Employer Occupation

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  
 12 / 14 / 2011

Transaction ID : SA11C.46422

Amount of Each Receipt this Period  
 5000.00

B. Full Name (Last, First, Middle Initial)  
NEW MILLENNIUM PAC

Mailing Address ONE GATEWAY CENTER, SUITE 520

City NEWARK State NJ Zip Code 07102

FEC ID number of contributing federal political committee. **C** C00349233

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2011

Transaction ID : SA11C.46091

Amount of Each Receipt this Period  
 5000.00

C. Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE (910)

City NEW YORK State NY Zip Code 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Election Cycle-to-Date 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2011

Transaction ID : SA11C.46116

Amount of Each Receipt this Period  
 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	13000.00
<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 44 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**ORACLE AMERICA, INC. POLITICAL ACTION COMMITTEE (ORACLE PAC)**

Mailing Address 1015 15th St. NW Suite 200  
Suite 200

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00323048

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 22 / 2011

**Transaction ID : SA11C.46441**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**PFIZER INC. PAC**

Mailing Address 235 EAST 42ND STREET

City NEW YORK State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2011

**Transaction ID : SA11C.46226**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**PFIZER INC. PAC**

Mailing Address 235 EAST 42ND STREET

City NEW YORK State NY Zip Code 10017

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
9500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 28 / 2011

**Transaction ID : SA11C.46227**

Amount of Each Receipt this Period  
4500.00

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

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

7500.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
PROCTER & GAMBLE COMPANY GOOD GOVERNMENT COMMITTEE (AKA P&G PAC), THE

Mailing Address One Procter & Gamble Plaza

City State Zip Code  
Cincinnati OH 45202

FEC ID number of contributing federal political committee. **C** C00257329

Name of Employer Occupation

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  
 12 / 06 / 2011

**Transaction ID : SA11C.46456**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

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  
 12 / 19 / 2011

**Transaction ID : SA11C.46677**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)

Mailing Address 5201 AUTH WAY

City State Zip Code  
CAMP SPRINGS MD 20746

FEC ID number of contributing federal political committee. **C** C00004325

Name of Employer Occupation

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  
 12 / 20 / 2011

**Transaction ID : SA11C.46431**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION (SEIU COPE)

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004036

Name of Employer Occupation

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  
 12 / 29 / 2011

**Transaction ID : SA11C.46486**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)

Mailing Address Five Moore Drive  
P.O. Box 13358

City Res. Triangle Park State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

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  
 11 / 16 / 2011

**Transaction ID : SA11C.46120**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF

Mailing Address 1101 Pennsylvania Avenue NW  
Suite 800

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

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  
 11 / 28 / 2011

**Transaction ID : SA11C.46219**

Amount of Each Receipt this Period  
 1000.00

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

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

4500.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (TPAC), THE**

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify) Convention

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2011

**Transaction ID : SA11C.46491**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITE HERE TIP CAMPAIGN COMMITTEE**

Mailing Address 275 Seventh Ave. 10th Floor

City State Zip Code  
New York NY 10001

FEC ID number of contributing federal political committee. **C** C00004861

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2011

**Transaction ID : SA11C.46490**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT (VANGUARD COMMITTEE FOR RESPONSIBL, TH**

Mailing Address 400 Devon Park Drive

City State Zip Code  
Wayne PA 19087

FEC ID number of contributing federal political committee. **C** C00410266

Name of Employer Occupation

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  
 11 / 28 / 2011

**Transaction ID : SA11C.46223**

Amount of Each Receipt this Period  
1000.00

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

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

8500.00

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**WAKEFERN FOOD CORP POLITICAL ACTION COMMITTEE (WAKEPAC)**

Mailing Address 33 NORTHFIELD AVENUE

City EDISON State NJ Zip Code 08818

FEC ID number of contributing federal political committee. **C** C00489005

Name of Employer Occupation

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  
 11 / 28 / 2011

**Transaction ID : SA11C.46274**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

146126.98



**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 49 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

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

Mailing Address 1887 OLD MAIN STREET

City EAST HARTFORD State CT Zip Code 06108

FEC ID number of contributing federal political committee. **C H8CT01046**

Name of Employer U. S. Congress Occupation Member of Congress

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1191.17**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2011**

**Transaction ID : SA14.46214**

Amount of Each Receipt this Period  
**219.81**

Reimbursement for personal use of vehicle

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

Mailing Address 1887 OLD MAIN STREET

City EAST HARTFORD State CT Zip Code 06108

FEC ID number of contributing federal political committee. **C H8CT01046**

Name of Employer U. S. Congress Occupation Member of Congress

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1237.07**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 14 / 2011**

**Transaction ID : SA14.46446**

Amount of Each Receipt this Period  
**45.90**

Reimbursement - Personal Use of Vehicle

**C.** Full Name (Last, First, Middle Initial)  
**United States Treasury**

Mailing Address P.O. Box 371493

City Pittsburgh State PA Zip Code 15250

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**1285.93**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 20 / 2011**

**Transaction ID : SA14.46445**

Amount of Each Receipt this Period  
**1285.93**

Refund

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

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

**1551.64**

**1551.64**

**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 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Rockville Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 10 / 2011
Mailing Address 1009 Hebron Avenue		<b>Transaction ID : SA15.46124</b>
City Glastonbury	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.56
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 477.03	

Full Name (Last, First, Middle Initial) <b>Rockville Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2011
Mailing Address 1009 Hebron Avenue		<b>Transaction ID : SA15.46123</b>
City Glastonbury	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 31.05
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 508.08	

Full Name (Last, First, Middle Initial) <b>Rockville Bank</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2011
Mailing Address 1009 Hebron Avenue		<b>Transaction ID : SA15.46506</b>
City Glastonbury	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 23.64
Name of Employer	Occupation	Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 531.72	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.25
<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 51 OF 143
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**The Connecticut Bank and Trust Company**

Mailing Address 7 Sycamore Street

City Glastonbury	State CT	Zip Code 06033
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1953.15

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2011

**Transaction ID : SA15.46291**

Amount of Each Receipt this Period  
90.65

Interest

**B.** Full Name (Last, First, Middle Initial)  
**The Connecticut Bank and Trust Company**

Mailing Address 7 Sycamore Street

City Glastonbury	State CT	Zip Code 06033
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2034.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2011

**Transaction ID : SA15.46292**

Amount of Each Receipt this Period  
81.07

Interest

**C.** Full Name (Last, First, Middle Initial)  
**The Connecticut Bank and Trust Company**

Mailing Address 7 Sycamore Street

City Glastonbury	State CT	Zip Code 06033
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2102.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2011

**Transaction ID : SA15.46329**

Amount of Each Receipt this Period  
68.02

Interest

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

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

239.74
329.99

**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 52 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 4C Partners, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 718 Seventh Street, NW		Amount of Each Disbursement this Period 6018.00 <b>Transaction ID : SB17.46143</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Fund raising fees and expenses	
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>B. 4C Partners, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011
Mailing Address 718 Seventh Street, NW		Amount of Each Disbursement this Period 6902.30 <b>Transaction ID : SB17.46613</b>
City Washington State DC Zip Code 20001	Purpose of Disbursement Fund raising fees and expenses	
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. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 1228.82 <b>Transaction ID : SB17.46075</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Credit card payment (see below)	
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).....	14149.12
<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 53 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 0.00 <b>Transaction ID : SB17.46518</b>
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Details of 10/3/11 payment of 9/30/11 outstanding statement (see below)		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. Peppercorn's Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2011
Mailing Address P.O. Box 776		Amount of Each Disbursement this Period 114.38 <b>Transaction ID : SB17.46518.3</b> <b>[MEMO ITEM]</b>
City Plainville	State CT Zip Code 06062	
Purpose of Disbursement Political meals		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. Max Fish</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2011
Mailing Address 140 Glastonbury Blvd.		Amount of Each Disbursement this Period 100.76 <b>Transaction ID : SB17.46518.4</b> <b>[MEMO ITEM]</b>
City Glastonbury	State CT Zip Code 06033	
Purpose of Disbursement Political meals		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).....	0.00
<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 54 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dunkin Donuts</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2011
Mailing Address 271 Farmington Avenue		Amount of Each Disbursement this Period 4.93
City Hartford	State CT Zip Code 06116	
Purpose of Disbursement Food and beverage	Candidate Name	Transaction ID : SB17.46518.5
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. First &amp; Last Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2011
Mailing Address 939 Maple Street		Amount of Each Disbursement this Period 149.54
City Hartford	State CT Zip Code 06115	
Purpose of Disbursement Political meals	Candidate Name	Transaction ID : SB17.46518.6
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:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Max Downtown</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2011
Mailing Address 185 Asylum Street		Amount of Each Disbursement this Period 28.25
City Hartford	State CT Zip Code 06103	
Purpose of Disbursement Political meals	Candidate Name	Transaction ID : SB17.46518.7
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:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 55 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hook &amp; Ladder Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2011
Mailing Address 251 Main Street		Amount of Each Disbursement this Period 69.88
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement Political meals	Transaction ID : SB17.46518.8
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peppercorn's Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2011
Mailing Address P.O. Box 776		Amount of Each Disbursement this Period 46.10
City Plainville	State CT	
Zip Code 06062	Purpose of Disbursement Political meals	Transaction ID : SB17.46518.9
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Peppercorn's Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2011
Mailing Address P.O. Box 776		Amount of Each Disbursement this Period 138.64
City Plainville	State CT	
Zip Code 06062	Purpose of Disbursement Political meals	Transaction ID : SB17.46518.10
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 56 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hartford Downtown</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011		
Mailing Address 200 Columbus Boulevard			Amount of Each Disbursement this Period 26.27		
City Hartford	State CT	Zip Code 06106	Transaction ID : SB17.46518.11 <b>[MEMO ITEM]</b>		
Purpose of Disbursement Political meals		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. Sonoma</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2011		
Mailing Address 223 Pennsylvania Avenue, S.E.			Amount of Each Disbursement this Period 40.00		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.46518.12 <b>[MEMO ITEM]</b>		
Purpose of Disbursement Political meals		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. National Democratic Club</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2011		
Mailing Address 30 Ivy Street, SE			Amount of Each Disbursement this Period 65.63		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.46518.13 <b>[MEMO ITEM]</b>		
Purpose of Disbursement Political meals		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).....	0.00
<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 57 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kinkead's</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2011
Mailing Address 200 Pennsylvania Avenue N.W.		Amount of Each Disbursement this Period 168.14
City Washington State DC Zip Code 20006	Purpose of Disbursement Political meals	
Candidate Name	Category/Type	Transaction ID : SB17.46518.14 <b>[MEMO ITEM]</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. Pour Liquors &amp; More</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2011
Mailing Address 1200 9th Street NW		Amount of Each Disbursement this Period 106.93
City Washington State DC Zip Code 20001	Purpose of Disbursement Food and Beverage	
Candidate Name	Category/Type	Transaction ID : SB17.46518.15 <b>[MEMO ITEM]</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. Senart's Oyster House</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2011
Mailing Address 520 8th Street SE		Amount of Each Disbursement this Period 115.70
City Washington State DC Zip Code 20003	Purpose of Disbursement Political meals	
Candidate Name	Category/Type	Transaction ID : SB17.46518.16 <b>[MEMO ITEM]</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).....	0.00
<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 58 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 7.95
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Service charge	Transaction ID : SB17.46208
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>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 104.30
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Service charge	Transaction ID : SB17.46212
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. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 4.95
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Service charge	Transaction ID : SB17.46213
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).....	117.20
<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 59 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 2034.63 <b>Transaction ID : SB17.46011</b>
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit card payment (see below)	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. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 113.44 <b>Transaction ID : SB17.46011.0</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Political meals	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. U.S. House Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2011
Mailing Address U.S. Capitol		Amount of Each Disbursement this Period 11.25 <b>Transaction ID : SB17.46011.1</b> <b>[MEMO ITEM]</b>
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Food and Beverage	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).....	2034.63
<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 60 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 60.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Political meals	
Candidate Name	Category/Type	Transaction ID : SB17.46011.3 <b>[MEMO ITEM]</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. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 32.50
City Washington State DC Zip Code 20003	Purpose of Disbursement Political meals	
Candidate Name	Category/Type	Transaction ID : SB17.46011.4 <b>[MEMO ITEM]</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. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 43.05
City Newark State NJ Zip Code 07101	Purpose of Disbursement Supplies	
Candidate Name	Category/Type	Transaction ID : SB17.46011.5 <b>[MEMO ITEM]</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).....	0.00
<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 61 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 22.84
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Supplies	Transaction ID : SB17.46011.6
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peppercorn's Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 26 / 2011
Mailing Address P.O. Box 776		Amount of Each Disbursement this Period 66.57
City Plainville	State CT	
Zip Code 06062	Purpose of Disbursement Political meals	Transaction ID : SB17.46011.8
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Peppercorn's Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2011
Mailing Address P.O. Box 776		Amount of Each Disbursement this Period 35.51
City Plainville	State CT	
Zip Code 06062	Purpose of Disbursement Political meals	Transaction ID : SB17.46011.9
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 62 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cavey's</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2011
Mailing Address 43 E. Center Street		Amount of Each Disbursement this Period 138.50
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement Political meals	Transaction ID : SB17.46011.10
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peppercorn's Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2011
Mailing Address P.O. Box 776		Amount of Each Disbursement this Period 65.37
City Plainville	State CT	
Zip Code 06062	Purpose of Disbursement Political meals	Transaction ID : SB17.46011.12
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Peppercorn's Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2011
Mailing Address P.O. Box 776		Amount of Each Disbursement this Period 267.05
City Plainville	State CT	
Zip Code 06062	Purpose of Disbursement Political meals	Transaction ID : SB17.46011.13
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 63 OF 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sanditz Travel</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 98 Washington Street		Amount of Each Disbursement this Period 363.40
City Middletown	State CT	
Zip Code 06457	Purpose of Disbursement Travel	Transaction ID : SB17.46011.16
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sanditz Travel</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 98 Washington Street		Amount of Each Disbursement this Period 25.00
City Middletown	State CT	
Zip Code 06457	Purpose of Disbursement Service fee	Transaction ID : SB17.46011.17
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 185.63
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Political meals	Transaction ID : SB17.46011.18
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 64 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Sonoma</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2011
Mailing Address 223 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 160.10
City Washington State DC Zip Code 20003	Purpose of Disbursement Political meals	
Candidate Name	Category/Type	Transaction ID : SB17.46011.23 <b>[MEMO ITEM]</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. U.S. House Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address U.S. Capitol		Amount of Each Disbursement this Period 14.90
City Washington State DC Zip Code 20002	Purpose of Disbursement Political meals	
Candidate Name	Category/Type	Transaction ID : SB17.46011.24 <b>[MEMO ITEM]</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. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 22.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Political meals	
Candidate Name	Category/Type	Transaction ID : SB17.46011.25 <b>[MEMO ITEM]</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).....	0.00
<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 65 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 30 Ivy Street, SE			Amount of Each Disbursement this Period 82.50
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Political meals		Candidate Name	Transaction ID : SB17.46011.26
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)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Le Pain Quotidien</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 2815 M Street NW			Amount of Each Disbursement this Period 48.87
City Washington	State DC	Zip Code 20007	
Purpose of Disbursement Political meals		Candidate Name	Transaction ID : SB17.46011.28
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)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Fiola Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address 601 Pennsylvania Avenue			Amount of Each Disbursement this Period 50.70
City Washington	State DC	Zip Code 20004	
Purpose of Disbursement Political meals		Candidate Name	Transaction ID : SB17.46011.32
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)		Category/ Type	[MEMO ITEM]
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 66 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.46294</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Service charge	
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>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 1.04 <b>Transaction ID : SB17.46298</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Service charge	
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. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 4.95 <b>Transaction ID : SB17.46300</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Service charge	
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).....	13.94
<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 67 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 1405.88 <b>Transaction ID : SB17.46656</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Credit card payment (see below)	
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>B. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 7.46 <b>Transaction ID : SB17.46693</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Service charge	
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. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 4.95 <b>Transaction ID : SB17.46689</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Service charge	
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).....	1418.29
<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 68 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2011
Mailing Address P.O. Box 114		Amount of Each Disbursement this Period 4078.90 <b>Transaction ID : SB17.46333</b>
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card Payment (see below)	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. U.S. House Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address U.S. Capitol		Amount of Each Disbursement this Period 34.70 <b>Transaction ID : SB17.46333.0</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Political meals	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. Max Fish</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2011
Mailing Address 140 Glastonbury Blvd.		Amount of Each Disbursement this Period 77.77 <b>Transaction ID : SB17.46333.2</b> <b>[MEMO ITEM]</b>
City Glastonbury	State CT Zip Code 06033	
Purpose of Disbursement Political meals	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).....	4078.90
<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 69 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Max Fish</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 140 Glastonbury Blvd.		Amount of Each Disbursement this Period 159.79
City Glastonbury	State CT	Zip Code 06033
Purpose of Disbursement Political meals	Category/ Type	
Candidate Name	Transaction ID : SB17.46333.4	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>B. Sonoma</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2011
Mailing Address 223 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 42.40
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Political meals	Category/ Type	
Candidate Name	Transaction ID : SB17.46333.7	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 60.63
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Political meals	Category/ Type	
Candidate Name	Transaction ID : SB17.46333.8	
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:	[MEMO ITEM]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 70 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 200.75
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Political meals	Transaction ID : SB17.46333.11
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pour Liquors &amp; More</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 1200 9th Street NW		Amount of Each Disbursement this Period 723.18
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Food and Beverages	Transaction ID : SB17.46333.12
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tune Inn</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 331 Pennsylvania Avenue		Amount of Each Disbursement this Period 16.74
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.46333.13
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 71 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 170.63
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Political meals	Transaction ID : SB17.46333.14
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U. S. Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address Bradley International Airport		Amount of Each Disbursement this Period 375.00
City Windsor Locks	State CT	
Zip Code 06196	Purpose of Disbursement Club Renewal Fee	Transaction ID : SB17.46333.16
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Rosa Mexicano</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011
Mailing Address 575 7th Street		Amount of Each Disbursement this Period 48.00
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Political meals	Transaction ID : SB17.46333.17
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 72 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Pour Liquors &amp; More</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2011
Mailing Address 1200 9th Street NW			Amount of Each Disbursement this Period 123.79
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement Food and Beverages		Candidate Name	Transaction ID : SB17.46333.18
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)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. U. S. House Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address B-217 Longworth Bldg.			Amount of Each Disbursement this Period 771.00
City Washington	State DC	Zip Code 20515	
Purpose of Disbursement Mememtos		Candidate Name	Transaction ID : SB17.46333.20
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)		Category/ Type	[MEMO ITEM]
State:	District:		

Full Name (Last, First, Middle Initial) <b>c. Tune Inn</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 331 Pennsylvania Avenue			Amount of Each Disbursement this Period 34.28
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Political meals		Candidate Name	Transaction ID : SB17.46333.22
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)		Category/ Type	[MEMO ITEM]
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 73 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Le Pain Quotidien</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2011		
Mailing Address 2815 M Street NW			Amount of Each Disbursement this Period 43.22		
City Washington	State DC	Zip Code 20007	Transaction ID : SB17.46333.23		
Purpose of Disbursement Political meals		Category/ Type	[MEMO ITEM]		
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. Sonoma</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2011		
Mailing Address 223 Pennsylvania Avenue, S.E.			Amount of Each Disbursement this Period 50.70		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.46333.25		
Purpose of Disbursement Political meals		Category/ Type	[MEMO ITEM]		
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. Sanditz Travel</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2011		
Mailing Address 98 Washington Street			Amount of Each Disbursement this Period 227.40		
City Middletown	State CT	Zip Code 06457	Transaction ID : SB17.46333.26		
Purpose of Disbursement Travel		Category/ Type	[MEMO ITEM]		
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).....	0.00
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Fiola Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 601 Pennsylvania Avenue		Amount of Each Disbursement this Period 259.00
City Washington State DC Zip Code 20004	Purpose of Disbursement Food and Beverage	
Candidate Name	Category/Type	Transaction ID : SB17.46333.28
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>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. U. S. House Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address B-217 Longworth Bldg.		Amount of Each Disbursement this Period 186.24
City Washington State DC Zip Code 20515	Purpose of Disbursement Mementos	
Candidate Name	Category/Type	Transaction ID : SB17.46333.29
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>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 42.50
City Washington State DC Zip Code 20003	Purpose of Disbursement Political meals	
Candidate Name	Category/Type	Transaction ID : SB17.46333.30
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>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 75 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Le Pain Quotidien</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address 2815 M Street NW		Amount of Each Disbursement this Period 58.02
City Washington	State DC	
Zip Code 20007	Purpose of Disbursement Political meals	Transaction ID : SB17.46333.31
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. House Dining Room</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2011
Mailing Address U.S. Capitol		Amount of Each Disbursement this Period 14.75
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Political meals	Transaction ID : SB17.46333.32
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sonoma</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2011
Mailing Address 223 Pennsylvania Avenue, S.E.		Amount of Each Disbursement this Period 25.90
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Political meals	Transaction ID : SB17.46333.33
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)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 76 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Berger Strategies, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2011
Mailing Address 1010 Vermont Avenue NW		Amount of Each Disbursement this Period 5000.00 <b>Transaction ID : SB17.46601</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Consulting	
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>B. bJ Wholesale</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 1046 Tolland Turnpike		Amount of Each Disbursement this Period 137.34 <b>Transaction ID : SB17.46180</b>
City Manchester State CT Zip Code 06042	Purpose of Disbursement Food and Beverage	
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. bJ Wholesale</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 1046 Tolland Turnpike		Amount of Each Disbursement this Period 113.86 <b>Transaction ID : SB17.46181</b>
City Manchester State CT Zip Code 06042	Purpose of Disbursement Food and Beverage	
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).....	5251.20
<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 77 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bricco Trattoria</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address Hebron Avenue		Amount of Each Disbursement this Period 2011 100.00 <b>Transaction ID : SB17.46565</b>
City Glastonbury	State CT Zip Code 06033	
Purpose of Disbursement Gift Card	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. Capital Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address P. O. Box 6600		Amount of Each Disbursement this Period 2011 104.94 <b>Transaction ID : SB17.46206</b>
City Hagerstown	State MD Zip Code 21740	
Purpose of Disbursement Service charge	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. Capital Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address P. O. Box 6600		Amount of Each Disbursement this Period 2011 25.94 <b>Transaction ID : SB17.46299</b>
City Hagerstown	State MD Zip Code 21740	
Purpose of Disbursement Service charge	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).....	230.88
<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 78 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Capital Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address P. O. Box 6600		Amount of Each Disbursement this Period 25.94 <b>Transaction ID : SB17.46695</b>
City Hagerstown	State MD	
Zip Code 21740	Purpose of Disbursement Service charge	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. Cards Direct, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 12750 Merit Drive		Amount of Each Disbursement this Period 5423.00 <b>Transaction ID : SB17.46034</b>
City Dallas	State TX	
Zip Code 75251	Purpose of Disbursement Holiday cards	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. Cavey's</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address 43 E. Center Street		Amount of Each Disbursement this Period 187.72 <b>Transaction ID : SB17.46046</b>
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement Political meals	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).....	5636.66
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cavey's</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2011
Mailing Address 43 E. Center Street		Amount of Each Disbursement this Period 8052.60
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement Catering	Transaction ID : SB17.46332
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>B. Cavey's</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2011
Mailing Address 43 E. Center Street		Amount of Each Disbursement this Period 600.00
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement Gift Cards	Transaction ID : SB17.46553
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. Linda Christiana</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2011
Mailing Address 96 Oak Forest Drive		Amount of Each Disbursement this Period 1014.20
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement Salary	Transaction ID : SB17.46066
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).....	9666.80
<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 143			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Linda Christiana</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 96 Oak Forest Drive		Amount of Each Disbursement this Period 1014.20 <b>Transaction ID : SB17.46041</b>
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement Salary	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. Linda Christiana</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 96 Oak Forest Drive		Amount of Each Disbursement this Period 1014.20 <b>Transaction ID : SB17.46203</b>
City Manchester	State CT	
Zip Code 06040	Purpose of Disbursement Salary	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. City Steam Brewery Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 942 Main Street		Amount of Each Disbursement this Period 930.95 <b>Transaction ID : SB17.46013</b>
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Catering	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).....	2959.35
<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 143			
	<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)  
**LARSON FOR CONGRESS**

**A. Collector of Revenue**

Full Name (Last, First, Middle Initial)  
Mailing Address 150424

City East Hartford State CT Zip Code 06115

Purpose of Disbursement Property Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 29 / 2011

Amount of Each Disbursement this Period: 190.69

Transaction ID : SB17.46589

**B. Commissioner of Revenue Services**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 5055

City Hartford State CT Zip Code 06102

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 05 / 2011

Amount of Each Disbursement this Period: 201.37

Transaction ID : SB17.46069

**C. Commissioner of Revenue Services**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 5055

City Hartford State CT Zip Code 06102

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 15 / 2011

Amount of Each Disbursement this Period: 201.37

Transaction ID : SB17.46168

**SUBTOTAL** of Disbursements This Page (optional)..... 593.43

**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 82 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Commissioner of Revenue Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011		
Mailing Address P.O. Box 5055			Amount of Each Disbursement this Period 201.37		
City Hartford	State CT	Zip Code 06102	Transaction ID : SB17.46650		
Purpose of Disbursement Taxes		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. Crystal Sherrison, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011		
Mailing Address 330 Main Street			Amount of Each Disbursement this Period 800.00		
City Hartford	State CT	Zip Code 06106	Transaction ID : SB17.46144		
Purpose of Disbursement Rent		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. Crystal Sherrison, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011		
Mailing Address 330 Main Street			Amount of Each Disbursement this Period 800.00		
City Hartford	State CT	Zip Code 06106	Transaction ID : SB17.46125		
Purpose of Disbursement Rent		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).....	1801.37
<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 143		
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Crystal Sherrison, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address 330 Main Street		Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.46641</b>
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement Rent	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. CT-PCIP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2011
Mailing Address PO Box 417155		Amount of Each Disbursement this Period 762.00 <b>Transaction ID : SB17.46145</b>
City Boston	State MA	
Zip Code 02241	Purpose of Disbursement Insurance	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. CT-PCIP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address PO Box 417155		Amount of Each Disbursement this Period 762.00 <b>Transaction ID : SB17.46130</b>
City Boston	State MA	
Zip Code 02241	Purpose of Disbursement Insurance	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).....	2324.00
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CT-PCIP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2011
Mailing Address PO Box 417155		Amount of Each Disbursement this Period 762.00 <b>Transaction ID : SB17.46642</b>
City Boston	State MA	
Zip Code 02241	Purpose of Disbursement Insurance	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. CT Unemployment Tax</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 200 Folly Brook Boulevard		Amount of Each Disbursement this Period 133.20 <b>Transaction ID : SB17.46049</b>
City Wethersfield	State CT	
Zip Code 06109	Purpose of Disbursement Taxes	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. Davis &amp; Harmon LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2011
Mailing Address 1455 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.46595</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Facility Fee	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).....	1195.20
<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 85 OF 143			
	<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)  
**LARSON FOR CONGRESS**

**A. Democratic State Central Committee - Fed. Account**

Full Name (Last, First, Middle Initial)  
Mailing Address 380 Franklin Avenue

City Hartford State CT Zip Code 06116

Purpose of Disbursement  
Event tickets

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 13 / 2011

Amount of Each Disbursement this Period: 750.00

Transaction ID : SB17.46025

**B. DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1250 EYE ST., NW #400

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
In-kind - Mixologist

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 10 / 21 / 2011

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.46511

**C. DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1250 EYE ST., NW #400

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
In-kind - Alcohol products

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) Convention

State: District:

Date of Disbursement: 10 / 21 / 2011

Amount of Each Disbursement this Period: 113.72

Transaction ID : SB17.46513

**SUBTOTAL** of Disbursements This Page (optional) ..... 1113.72

**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 86 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2011	
Mailing Address 1250 EYE ST., NW #400		Amount of Each Disbursement this Period 46.55 <b>Transaction ID : SB17.46515</b>	
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement In-kind - Food and bar set ups	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2011	
Mailing Address 1250 EYE ST., NW #400		Amount of Each Disbursement this Period 66.71 <b>Transaction ID : SB17.46517</b>	
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement In-kind - Food	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	State: District:	

Full Name (Last, First, Middle Initial) <b>c. DNCSS Hartford XL Suite</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011	
Mailing Address 1 Civic Center Street		Amount of Each Disbursement this Period 821.24 <b>Transaction ID : SB17.46664</b>	
City Hartford State CT Zip Code 06120	Purpose of Disbursement Event tickets, food and beverage	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).....	934.50
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Anthony Domino</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011		
Mailing Address 83 Long Lots Road			Amount of Each Disbursement this Period 416.76		
City New Canaan	State CT	Zip Code 06840	Transaction ID : SB17.46135		
Purpose of Disbursement Reimbursement - Food & Beverage		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. Dunkin Donuts</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011		
Mailing Address 271 Farmington Avenue			Amount of Each Disbursement this Period 18.59		
City Hartford	State CT	Zip Code 06116	Transaction ID : SB17.46174		
Purpose of Disbursement Food and Beverage		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. EarthLink, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011		
Mailing Address P.O. Box 7645			Amount of Each Disbursement this Period 19.95		
City Atlanta	State GA	Zip Code 30357	Transaction ID : SB17.46050		
Purpose of Disbursement Internet service		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).....	455.30
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. EarthLink, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address P.O. Box 7645		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : SB17.46171</b>
City Atlanta	State GA	
Zip Code 30357	Purpose of Disbursement Internet service	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. EarthLink, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address P.O. Box 7645		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : SB17.46582</b>
City Atlanta	State GA	
Zip Code 30357	Purpose of Disbursement Internet service	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. Exxon/Mobil</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address P. O. Box 688940		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.46036</b>
City Des Moines	State IA	
Zip Code 50368	Purpose of Disbursement Gasoline	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).....	239.90
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Exxon/Mobil</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2011
Mailing Address P. O. Box 688940		Amount of Each Disbursement this Period 57.25 <b>Transaction ID : SB17.46131</b>
City Des Moines	State IA	
Zip Code 50368	Purpose of Disbursement Gasoline	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. Exxon/Mobil</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2011
Mailing Address P. O. Box 688940		Amount of Each Disbursement this Period 168.25 <b>Transaction ID : SB17.46551</b>
City Des Moines	State IA	
Zip Code 50368	Purpose of Disbursement Gasoline	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. Exxon/Mobil</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2011
Mailing Address P. O. Box 688940		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.46552</b>
City Des Moines	State IA	
Zip Code 50368	Purpose of Disbursement Gasoline	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).....	325.50
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Federal Express</b>		M M / D D / Y Y Y Y 10 / 03 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford State CT Zip Code 06105		11.43	
Purpose of Disbursement Overnight courier		Transaction ID : SB17.46072	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Federal Express</b>		M M / D D / Y Y Y Y 10 / 12 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford State CT Zip Code 06105		40.76	
Purpose of Disbursement Overnight courier		Transaction ID : SB17.46058	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Federal Express</b>		M M / D D / Y Y Y Y 10 / 13 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford State CT Zip Code 06105		52.96	
Purpose of Disbursement Overnight courier		Transaction ID : SB17.46052	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify)
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	115.15
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Federal Express</b>		M M / D D / Y Y Y Y 10 / 13 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford	State CT	Zip Code 06105	52.96
Purpose of Disbursement Overnight courier		Category/ Type	<b>Transaction ID : SB17.46053</b>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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. Federal Express</b>		M M / D D / Y Y Y Y 10 / 17 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford	State CT	Zip Code 06105	53.42
Purpose of Disbursement Overnight courier		Category/ Type	<b>Transaction ID : SB17.46037</b>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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. Federal Express</b>		M M / D D / Y Y Y Y 10 / 17 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford	State CT	Zip Code 06105	52.96
Purpose of Disbursement Overnight courier		Category/ Type	<b>Transaction ID : SB17.46038</b>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	159.34
<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 143		
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Federal Express</b>		M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address Asylum Street		Amount of Each Disbursement this Period
City Hartford	State CT	Zip Code 06105
Purpose of Disbursement Overnight courier	Candidate Name	10.87
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	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Federal Express</b>		M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address Asylum Street		Amount of Each Disbursement this Period
City Hartford	State CT	Zip Code 06105
Purpose of Disbursement Overnight courier	Candidate Name	67.11
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	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Federal Express</b>		M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address Asylum Street		Amount of Each Disbursement this Period
City Hartford	State CT	Zip Code 06105
Purpose of Disbursement Overnight courier	Candidate Name	56.11
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>SUBTOTAL</b> of Disbursements This Page (optional).....	134.09
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Federal Express</b>		<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>10</td> <td></td> <td>31</td> <td></td> <td>2011</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		31		2011
M M	/	D D	/	Y Y Y Y									
10		31		2011									
Mailing Address Asylum Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Hartford</td> <td>CT</td> <td>06105</td> </tr> </table>		City	State	Zip Code	Hartford	CT	06105	<table border="1"> <tr> <td>56.11</td> </tr> </table>		56.11			
City	State	Zip Code											
Hartford	CT	06105											
56.11													
Purpose of Disbursement Overnight courier		Transaction ID : SB17.46006											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President				
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary		<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Federal Express</b>		<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>10</td> <td></td> <td>31</td> <td></td> <td>2011</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	10		31		2011
M M	/	D D	/	Y Y Y Y									
10		31		2011									
Mailing Address Asylum Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Hartford</td> <td>CT</td> <td>06105</td> </tr> </table>		City	State	Zip Code	Hartford	CT	06105	<table border="1"> <tr> <td>56.11</td> </tr> </table>		56.11			
City	State	Zip Code											
Hartford	CT	06105											
56.11													
Purpose of Disbursement Overnight courier		Transaction ID : SB17.46012											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President				
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary		<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Federal Express</b>		<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>11</td> <td></td> <td>04</td> <td></td> <td>2011</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	11		04		2011
M M	/	D D	/	Y Y Y Y									
11		04		2011									
Mailing Address Asylum Street		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Hartford</td> <td>CT</td> <td>06105</td> </tr> </table>		City	State	Zip Code	Hartford	CT	06105	<table border="1"> <tr> <td>56.11</td> </tr> </table>		56.11			
City	State	Zip Code											
Hartford	CT	06105											
56.11													
Purpose of Disbursement Overnight courier		Transaction ID : SB17.46186											
Candidate Name		Category/Type											
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> President</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> President				
<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary		<input type="checkbox"/> General									
<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify)											
<input type="checkbox"/> President													
State:	District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	168.33
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Federal Express</b>		<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>11</td> <td></td> <td>10</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		10		2011
M M	/	D D	/	Y Y Y Y								
11		10		2011								
Mailing Address Asylum Street		Amount of Each Disbursement this Period										
City Hartford	State CT Zip Code 06105											
Purpose of Disbursement Overnight courier	Category/Type	<table border="1"> <tr> <td>56.11</td> </tr> </table>	56.11									
56.11												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.46176</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Federal Express</b>		<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>11</td> <td></td> <td>10</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		10		2011
M M	/	D D	/	Y Y Y Y								
11		10		2011								
Mailing Address Asylum Street		Amount of Each Disbursement this Period										
City Hartford	State CT Zip Code 06105											
Purpose of Disbursement Overnight courier	Category/Type	<table border="1"> <tr> <td>56.11</td> </tr> </table>	56.11									
56.11												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.46177</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Federal Express</b>		<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>11</td> <td></td> <td>25</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		25		2011
M M	/	D D	/	Y Y Y Y								
11		25		2011								
Mailing Address Asylum Street		Amount of Each Disbursement this Period										
City Hartford	State CT Zip Code 06105											
Purpose of Disbursement Overnight courier	Category/Type	<table border="1"> <tr> <td>27.36</td> </tr> </table>	27.36									
27.36												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.46150</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>139.58</td> </tr> </table>	139.58
139.58		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Federal Express</b>		M M / D D / Y Y Y Y 11 / 25 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford	State CT	Zip Code 06105	136.50
Purpose of Disbursement Overnight courier		Category/ Type	<b>Transaction ID : SB17.46151</b>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Federal Express</b>		M M / D D / Y Y Y Y 11 / 30 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford	State CT	Zip Code 06105	56.11
Purpose of Disbursement Overnight courier		Category/ Type	<b>Transaction ID : SB17.46010</b>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Federal Express</b>		M M / D D / Y Y Y Y 11 / 30 / 2011	
Mailing Address Asylum Street		Amount of Each Disbursement this Period	
City Hartford	State CT	Zip Code 06105	56.11
Purpose of Disbursement Overnight courier		Category/ Type	<b>Transaction ID : SB17.46187</b>
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)		
<input type="checkbox"/> President			
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	136.50
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Federal Express</b>		M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address Asylum Street		Amount of Each Disbursement this Period 24.28
City Hartford	State CT Zip Code 06105	
Purpose of Disbursement Overnight courier		<b>Transaction ID : SB17.46643</b>
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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. Federal Express</b>		M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address Asylum Street		Amount of Each Disbursement this Period 24.28
City Hartford	State CT Zip Code 06105	
Purpose of Disbursement Overnight courier		<b>Transaction ID : SB17.46644</b>
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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. Federal Express</b>		M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address Asylum Street		Amount of Each Disbursement this Period 50.05
City Hartford	State CT Zip Code 06105	
Purpose of Disbursement Overnight courier		<b>Transaction ID : SB17.46633</b>
Candidate Name		
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.61
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Federal Express</b>		<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>12</td> <td></td> <td>09</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		09		2011
M M	/	D D	/	Y Y Y Y								
12		09		2011								
Mailing Address Asylum Street		Amount of Each Disbursement this Period										
City Hartford	State CT Zip Code 06105											
Purpose of Disbursement Overnight courier	Category/Type	<table border="1"> <tr> <td>24.28</td> </tr> </table>	24.28									
24.28												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.46631</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Federal Express</b>		<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>12</td> <td></td> <td>15</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		15		2011
M M	/	D D	/	Y Y Y Y								
12		15		2011								
Mailing Address Asylum Street		Amount of Each Disbursement this Period										
City Hartford	State CT Zip Code 06105											
Purpose of Disbursement Overnight courier	Category/Type	<table border="1"> <tr> <td>24.28</td> </tr> </table>	24.28									
24.28												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.46578</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Federal Express</b>		<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>12</td> <td></td> <td>21</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		21		2011
M M	/	D D	/	Y Y Y Y								
12		21		2011								
Mailing Address Asylum Street		Amount of Each Disbursement this Period										
City Hartford	State CT Zip Code 06105											
Purpose of Disbursement Overnight courier	Category/Type	<table border="1"> <tr> <td>24.28</td> </tr> </table>	24.28									
24.28												
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.46564</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President												
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>72.84</td> </tr> </table>	72.84
72.84		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2011
Mailing Address Asylum Street		Amount of Each Disbursement this Period 46.91 <b>Transaction ID : SB17.46546</b>
City Hartford	State CT Zip Code 06105	
Purpose of Disbursement Overnight courier	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2011
Mailing Address Asylum Street		Amount of Each Disbursement this Period 24.28 <b>Transaction ID : SB17.46547</b>
City Hartford	State CT Zip Code 06105	
Purpose of Disbursement Overnight courier	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Barry Feldman</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2011
Mailing Address P. O. Box 479		Amount of Each Disbursement this Period 2253.40 <b>Transaction ID : SB17.46065</b>
City Glastonbury	State CT Zip Code 06033-0479	
Purpose of Disbursement Salary	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2324.59
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Barry Feldman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address P. O. Box 479		Amount of Each Disbursement this Period 2253.40 <b>Transaction ID : SB17.46040</b>
City Glastonbury	State CT	
Zip Code 06033-0479	Purpose of Disbursement Salary	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. Barry Feldman</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address P. O. Box 479		Amount of Each Disbursement this Period 2253.40 <b>Transaction ID : SB17.46202</b>
City Glastonbury	State CT	
Zip Code 06033-0479	Purpose of Disbursement Salary	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. First &amp; Last Tavern</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2011
Mailing Address 939 Maple Street		Amount of Each Disbursement this Period 126.40 <b>Transaction ID : SB17.46051</b>
City Hartford	State CT	
Zip Code 06115	Purpose of Disbursement Political meals	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) .....	4633.20
<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 100 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Laura Hemsley</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 105 River View Road		Amount of Each Disbursement this Period 4770.00 <b>Transaction ID : SB17.46603</b>
City Stevensville	State MD	
Zip Code 21666	Purpose of Disbursement Mementos	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. Hoffman Auto</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address Connecticut Blvd.		Amount of Each Disbursement this Period 924.40 <b>Transaction ID : SB17.46032</b>
City Eadt Hartford	State CT	
Zip Code 06108	Purpose of Disbursement Auto repairs	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. Hoffman Auto</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address Connecticut Blvd.		Amount of Each Disbursement this Period 924.44 <b>Transaction ID : SB17.46073</b>
City Eadt Hartford	State CT	
Zip Code 06108	Purpose of Disbursement Auto repairs	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).....	6618.84
<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 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hoffman Auto</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2011
Mailing Address Connecticut Blvd.		Amount of Each Disbursement this Period 65.03 <b>Transaction ID : SB17.46635</b>
City East Hartford	State CT	
Zip Code 06108	Purpose of Disbursement Auto service	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. Hook &amp; Ladder Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 251 Main Street		Amount of Each Disbursement this Period 67.16 <b>Transaction ID : SB17.46567</b>
City Hartford	State CT	
Zip Code 06106	Purpose of Disbursement Political meals	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. Images Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address PO Box 258		Amount of Each Disbursement this Period 935.95 <b>Transaction ID : SB17.46163</b>
City Bloomfield	State CT	
Zip Code 06002	Purpose of Disbursement Printing	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).....	1068.14
<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 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Lane and Lenge</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 60 LaSalle Road		Amount of Each Disbursement this Period 277.88 <b>Transaction ID : SB17.46136</b>
City West Hartford	State CT	
Zip Code 06107	Purpose of Disbursement Flowers	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. Lane and Lenge</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 60 LaSalle Road		Amount of Each Disbursement this Period 378.05 <b>Transaction ID : SB17.46607</b>
City West Hartford	State CT	
Zip Code 06107	Purpose of Disbursement Flowers	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. Ledger Publications</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 740 North Main Street		Amount of Each Disbursement this Period 155.00 <b>Transaction ID : SB17.46609</b>
City West Hartford	State CT	
Zip Code 06117	Purpose of Disbursement Advertisement	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).....	810.93
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kelly JS Luxenberg</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2011	
Mailing Address 78 Deer Run Trail			Amount of Each Disbursement this Period 1841.53	
City Manchester	State CT	Zip Code 06042	Transaction ID : SB17.46063	
Purpose of Disbursement Salary		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. Kelly JS Luxenberg</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2011	
Mailing Address 78 Deer Run Trail			Amount of Each Disbursement this Period 1841.52	
City Manchester	State CT	Zip Code 06042	Transaction ID : SB17.46044	
Purpose of Disbursement Salary		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. Kelly JS Luxenberg</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2011	
Mailing Address 78 Deer Run Trail			Amount of Each Disbursement this Period 50.00	
City Manchester	State CT	Zip Code 06042	Transaction ID : SB17.46018	
Purpose of Disbursement Reimbursement - Verizon Wireless		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).....	3733.05
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 50.00
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Cell phone service	Candidate Name	Transaction ID : SB17.46018.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Kelly JS Luxenberg</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 78 Deer Run Trail		Amount of Each Disbursement this Period 1841.53
City Manchester	State CT Zip Code 06042	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.46039
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Kelly JS Luxenberg</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 78 Deer Run Trail		Amount of Each Disbursement this Period 50.00
City Manchester	State CT Zip Code 06042	
Purpose of Disbursement Reimbursement - Verizon	Candidate Name	Transaction ID : SB17.46138
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1891.53
<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 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 50.00
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Cell phone service	Candidate Name	Transaction ID : SB17.46138.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Kelly JS Luxenberg</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 78 Deer Run Trail		Amount of Each Disbursement this Period 1841.51
City Manchester	State CT Zip Code 06042	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.46205
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Kelly JS Luxenberg</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 78 Deer Run Trail		Amount of Each Disbursement this Period 1841.53
City Manchester	State CT Zip Code 06042	
Purpose of Disbursement Salary	Candidate Name	Transaction ID : SB17.46200
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3683.04
<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 106 OF 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kelly JS Luxenberg</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 78 Deer Run Trail		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.46747</b>
City Manchester	State CT	
Zip Code 06042	Purpose of Disbursement Reimbursement - Verizon Wireless	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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.46747.0</b> <b>[MEMO ITEM]</b>
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Cell phone service	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. Kelly JS Luxenberg</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 78 Deer Run Trail		Amount of Each Disbursement this Period 1841.52 <b>Transaction ID : SB17.46581</b>
City Manchester	State CT	
Zip Code 06042	Purpose of Disbursement Salary	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).....	1891.52
<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 107 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Kelly JS Luxenberg</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011	
Mailing Address 78 Deer Run Trail			Amount of Each Disbursement this Period 207.15	
City Manchester	State CT	Zip Code 06042	Transaction ID : SB17.46597	
Purpose of Disbursement Reimbursement - Mileage		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. Kelly JS Luxenberg</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2011	
Mailing Address 78 Deer Run Trail			Amount of Each Disbursement this Period 25.00	
City Manchester	State CT	Zip Code 06042	Transaction ID : SB17.46598	
Purpose of Disbursement Reimbursement - Cell phone		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. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011	
Mailing Address 20 Alexander Drive			Amount of Each Disbursement this Period 25.00	
City Wallingford	State CT	Zip Code 06492	Transaction ID : SB17.46598.0	
Purpose of Disbursement Cell phone service		Category/ Type	[MEMO ITEM]	
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).....	232.15
<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 143			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Marriott Hartford Downtown</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2011
Mailing Address 200 Columbus Boulevard			Amount of Each Disbursement this Period 113.72 <b>Transaction ID : SB17.46152</b>
City Hartford	State CT	Zip Code 06106	
Purpose of Disbursement Political meals		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. Max Bibo's</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2011
Mailing Address 250 Main Street			Amount of Each Disbursement this Period 21.54 <b>Transaction ID : SB17.46062</b>
City Hartford	State CT	Zip Code 06103	
Purpose of Disbursement Food and beverage		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. Max Bibo's</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address 250 Main Street			Amount of Each Disbursement this Period 14.36 <b>Transaction ID : SB17.46028</b>
City Hartford	State CT	Zip Code 06103	
Purpose of Disbursement Food and beverage		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).....	149.62
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Max Bibo's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2011</b>
Mailing Address 250 Main Street		Amount of Each Disbursement this Period <b>11.43</b>
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Food and beverage	<b>Transaction ID : SB17.46024</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>B. Max Bibo's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 25 / 2011</b>
Mailing Address 250 Main Street		Amount of Each Disbursement this Period <b>31.48</b>
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Food and beverage	<b>Transaction ID : SB17.46020</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. Max Bibo's</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2011</b>
Mailing Address 250 Main Street		Amount of Each Disbursement this Period <b>15.31</b>
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Food and beverage	<b>Transaction ID : SB17.46183</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).....	<b>58.22</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 110 OF 143			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Max Bibo's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 250 Main Street		Amount of Each Disbursement this Period 14.30
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Food and Beverage	<b>Transaction ID : SB17.46169</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>B. Max Bibo's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011
Mailing Address 250 Main Street		Amount of Each Disbursement this Period 10.64
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Food and Beverage	<b>Transaction ID : SB17.46166</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. Max Bibo's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address 250 Main Street		Amount of Each Disbursement this Period 24.62
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Food and Beverage	<b>Transaction ID : SB17.46165</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).....	49.56
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Max Bibo's</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2011
Mailing Address 250 Main Street		Amount of Each Disbursement this Period 7.71
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Food and Beverage	Transaction ID : SB17.46164
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>B. Max Fish</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address 140 Glastonbury Blvd.		Amount of Each Disbursement this Period 100.00
City Glastonbury	State CT	
Zip Code 06033	Purpose of Disbursement Gift Card	Transaction ID : SB17.46566
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. Merchant Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address P. O. Box 6600		Amount of Each Disbursement this Period 5.10
City Hagerstown	State MD	
Zip Code 21740	Purpose of Disbursement Service charge	Transaction ID : SB17.46207
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).....	112.81
<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 112 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address P. O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement Service charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2011

Amount of Each Disbursement this Period: 24.15

Transaction ID : SB17.46210

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address P. O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement Service charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 04 / 2011

Amount of Each Disbursement this Period: 65.52

Transaction ID : SB17.46211

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address P. O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement Service charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2011

Amount of Each Disbursement this Period: 19.99

Transaction ID : SB17.46295

**SUBTOTAL** of Disbursements This Page (optional) ..... 109.66

**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 113 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Merchant Services**

Mailing Address P. O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement Service charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 03 / 2011

Amount of Each Disbursement this Period: 231.03

Transaction ID : SB17.46296

Full Name (Last, First, Middle Initial)

**B. Merchant Services**

Mailing Address P. O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement Service charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2011

Amount of Each Disbursement this Period: 3.64

Transaction ID : SB17.46293

Full Name (Last, First, Middle Initial)

**C. Merchant Services**

Mailing Address P. O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement Service charge

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 02 / 2011

Amount of Each Disbursement this Period: 60.06

Transaction ID : SB17.46691

**SUBTOTAL** of Disbursements This Page (optional) ..... 294.73

**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 114 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Merchant Services</b>		M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address P. O. Box 6600		Amount of Each Disbursement this Period
City	State	Zip Code
Hagerstown	MD	21740
Purpose of Disbursement	Category/ Type	Transaction ID : SB17.46692
Service charge		1.81
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Merchant Services</b>		M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address P. O. Box 6600		Amount of Each Disbursement this Period
City	State	Zip Code
Hagerstown	MD	21740
Purpose of Disbursement	Category/ Type	Transaction ID : SB17.46694
Service charge		23.80
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. MGM Grand at Foxwoods</b>		M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 39 Norwich Westerly Road		Amount of Each Disbursement this Period
City	State	Zip Code
Norwich	CT	06338
Purpose of Disbursement	Category/ Type	Transaction ID : SB17.46141
Event Tickets		6000.00
Candidate Name		
Office Sought:	Disbursement For:	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6025.61
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Mitchell Development, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011		
Mailing Address P.O. Box 1235			Amount of Each Disbursement this Period 500.00		
City South Windsor	State CT	Zip Code 06074	Transaction ID : SB17.46605		
Purpose of Disbursement Storage		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. Monumental Insurance</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011		
Mailing Address PO box 961019			Amount of Each Disbursement this Period 1663.13		
City Fort Worth	State TX	Zip Code 76161	Transaction ID : SB17.46610		
Purpose of Disbursement Insurance		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. Monumental Insurance</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011		
Mailing Address PO box 961019			Amount of Each Disbursement this Period 1694.56		
City Fort Worth	State TX	Zip Code 76161	Transaction ID : SB17.46612		
Purpose of Disbursement Insurance		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) .....	3857.69
<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 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Munsons Chocolates</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address Glastonbury Boulevard		Amount of Each Disbursement this Period 143.32 <b>Transaction ID : SB17.46653</b>
City Glastonbury	State CT Zip Code 06033	
Purpose of Disbursement Food and Beverage	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 30 Ivy Street, SE		Amount of Each Disbursement this Period 241.08 <b>Transaction ID : SB17.46179</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Political meals	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. NGP Software, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 1101 Vermont Avenue, NW		Amount of Each Disbursement this Period 679.00 <b>Transaction ID : SB17.46070</b>
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Internet service	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1063.40
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. NGP Software, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011		
Mailing Address 1101 Vermont Avenue, NW			Amount of Each Disbursement this Period 679.00		
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.46008		
Purpose of Disbursement Internet service		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. NGP Software, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011		
Mailing Address 1101 Vermont Avenue, NW			Amount of Each Disbursement this Period 679.00		
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.46651		
Purpose of Disbursement Internet service		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. Peppercorn's Grill</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011		
Mailing Address P.O. Box 776			Amount of Each Disbursement this Period 52.08		
City Plainville	State CT	Zip Code 06062	Transaction ID : SB17.46014		
Purpose of Disbursement Political meals		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) .....	1410.08
<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 118 OF 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Perkins Coie</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2011</b>
Mailing Address 1201 Third Avenue		Amount of Each Disbursement this Period <b>170.00</b> <b>Transaction ID : SB17.46033</b>
City <b>Seattle</b>	State <b>WA</b>	
Zip Code <b>98101</b>	Purpose of Disbursement Compliance advice	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. Perkins Coie</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 11 / 2011</b>
Mailing Address 1201 Third Avenue		Amount of Each Disbursement this Period <b>170.00</b> <b>Transaction ID : SB17.46074</b>
City <b>Seattle</b>	State <b>WA</b>	
Zip Code <b>98101</b>	Purpose of Disbursement Compliance advice	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. Perkins Coie</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 12 / 2011</b>
Mailing Address 1201 Third Avenue		Amount of Each Disbursement this Period <b>171.58</b> <b>Transaction ID : SB17.46606</b>
City <b>Seattle</b>	State <b>WA</b>	
Zip Code <b>98101</b>	Purpose of Disbursement Compliance advice	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>511.58</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 119 OF 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Perkins Coie</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2011
Mailing Address 1201 Third Avenue		Amount of Each Disbursement this Period 42.50 <b>Transaction ID : SB17.46590</b>
City Seattle	State WA	
Zip Code 98101	Purpose of Disbursement Compliance Advice	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. Pharmaceutical Research &amp; Manufacturers</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address 950 F Street NW		Amount of Each Disbursement this Period 1650.00 <b>Transaction ID : SB17.46132</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Event Tickets	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. Plan B Burger</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011
Mailing Address 120 Hebron Avenue		Amount of Each Disbursement this Period 29.74 <b>Transaction ID : SB17.46015</b>
City Glastonbury	State CT	
Zip Code 06033	Purpose of Disbursement Political meals	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).....	1722.24
<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 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Plan B Burger</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2011
Mailing Address 120 Hebron Avenue		Amount of Each Disbursement this Period 61.25 <b>Transaction ID : SB17.46153</b>
City Glastonbury State CT Zip Code 06033	Purpose of Disbursement Political meals	
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>B. Poland Spring Direct</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address P. O. Box 856192		Amount of Each Disbursement this Period 31.96 <b>Transaction ID : SB17.46054</b>
City Louisville State KY Zip Code 40285	Purpose of Disbursement Water	
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. Poland Spring Direct</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address P. O. Box 856192		Amount of Each Disbursement this Period 34.60 <b>Transaction ID : SB17.46173</b>
City Louisville State KY Zip Code 40285	Purpose of Disbursement Water	
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).....	127.81
<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 121 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Poland Spring Direct</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address P. O. Box 856192		Amount of Each Disbursement this Period 34.56 <b>Transaction ID : SB17.46583</b>
City Louisville	State KY	
Zip Code 40285	Purpose of Disbursement Water	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. Projects by Chi/Donahoe</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 2101 16th Street NW		Amount of Each Disbursement this Period 6750.00 <b>Transaction ID : SB17.46126</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Website services	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. TD Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address 2461 Main Street		Amount of Each Disbursement this Period 12.00 <b>Transaction ID : SB17.46301</b>
City Glastonbury	State CT	
Zip Code 06033	Purpose of Disbursement Service charge	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).....	6796.56
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. TD Bank</b>		<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>11</td> <td></td> <td>15</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		15		2011
M M	/	D D	/	Y Y Y Y								
11		15		2011								
Mailing Address 2461 Main Street		Amount of Each Disbursement this Period										
City	State											
Glastonbury	CT	06033										
Purpose of Disbursement Service charge		<table border="1"> <tr> <td>12.00</td> </tr> </table>	12.00									
12.00												
Candidate Name		<b>Transaction ID : SB17.46302</b>										
Office Sought:	Disbursement For:	Category/ Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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. TD Bank</b>		<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>12</td> <td></td> <td>15</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		15		2011
M M	/	D D	/	Y Y Y Y								
12		15		2011								
Mailing Address 2461 Main Street		Amount of Each Disbursement this Period										
City	State											
Glastonbury	CT	06033										
Purpose of Disbursement Service charge		<table border="1"> <tr> <td>12.00</td> </tr> </table>	12.00									
12.00												
Candidate Name		<b>Transaction ID : SB17.46508</b>										
Office Sought:	Disbursement For:	Category/ Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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. The Vinci Group</b>		<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>12</td> <td></td> <td>30</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		30		2011
M M	/	D D	/	Y Y Y Y								
12		30		2011								
Mailing Address 24 Huntington Street		Amount of Each Disbursement this Period										
City	State											
Manchester	CT	06040										
Purpose of Disbursement Consulting		<table border="1"> <tr> <td>2699.65</td> </tr> </table>	2699.65									
2699.65												
Candidate Name		<b>Transaction ID : SB17.46587</b>										
Office Sought:	Disbursement For:	Category/ Type										
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>2723.65</td> </tr> </table>	2723.65
2723.65		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Twenty-first Century Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011
Mailing Address 434 New Jersey Avenue, S.E.		Amount of Each Disbursement this Period 1750.00 <b>Transaction ID : SB17.46623</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Catering	
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>B. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 15.40 <b>Transaction ID : SB17.46061</b>
City Hartford State CT Zip Code 06103	Purpose of Disbursement Postage	
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. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 39.60 <b>Transaction ID : SB17.46027</b>
City Hartford State CT Zip Code 06103	Purpose of Disbursement Postage	
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).....	1805.00
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 176.00 <b>Transaction ID : SB17.46162</b>
City Hartford	State CT Zip Code 06103	
Purpose of Disbursement Postage	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. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 98.79 <b>Transaction ID : SB17.46654</b>
City Hartford	State CT Zip Code 06103	
Purpose of Disbursement Postage	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. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 20.60 <b>Transaction ID : SB17.46655</b>
City Hartford	State CT Zip Code 06103	
Purpose of Disbursement Postage	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).....	295.39
<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 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 62.30 <b>Transaction ID : SB17.46579</b>
City Hartford	State CT Zip Code 06103	
Purpose of Disbursement Postage	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. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 15.75 <b>Transaction ID : SB17.46577</b>
City Hartford	State CT Zip Code 06103	
Purpose of Disbursement Postage	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. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 17.60 <b>Transaction ID : SB17.46568</b>
City Hartford	State CT Zip Code 06103	
Purpose of Disbursement Postage	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).....	95.65
<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 126 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. U. S. Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2011
Mailing Address Ann Street		Amount of Each Disbursement this Period 1.00 <b>Transaction ID : SB17.46536</b>
City Hartford	State CT	
Zip Code 06103	Purpose of Disbursement Fee	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. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address P.O. Box 371493		Amount of Each Disbursement this Period 2136.59 <b>Transaction ID : SB17.46068</b>
City Pittsburgh	State PA	
Zip Code 15250	Purpose of Disbursement Taxes	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. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address P.O. Box 371493		Amount of Each Disbursement this Period 2136.59 <b>Transaction ID : SB17.46170</b>
City Pittsburgh	State PA	
Zip Code 15250	Purpose of Disbursement Taxes	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).....	4274.18
<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 127 OF 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address P.O. Box 371493		Amount of Each Disbursement this Period 2136.61 <b>Transaction ID : SB17.46649</b>
City Pittsburgh	State PA	
Zip Code 15250	Purpose of Disbursement Taxes	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. University of Connecticut Athletic Dept. Fund</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2011
Mailing Address PO Box 842614		Amount of Each Disbursement this Period 1310.00 <b>Transaction ID : SB17.46030</b>
City Boston	State MA	
Zip Code 02284	Purpose of Disbursement Basketball championship dinner tickets	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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.46071</b>
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Cell phone service	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).....	3481.61
<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 128 OF 143			
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 609.61 <b>Transaction ID : SB17.46060</b>
City Wallingford State CT Zip Code 06492	Purpose of Disbursement Cell phone service	
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>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 554.61 <b>Transaction ID : SB17.46017</b>
City Wallingford State CT Zip Code 06492	Purpose of Disbursement Cell phone service	
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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.46009</b>
City Wallingford State CT Zip Code 06492	Purpose of Disbursement Cell phone service	
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).....	609.61
<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 129 OF 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 35.00
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Cell phone service	Candidate Name	Transaction ID : SB17.46188
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 20.00
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Cell phone service	Candidate Name	Transaction ID : SB17.46178
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period 35.00
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Cell phone service	Candidate Name	Transaction ID : SB17.46652
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	90.00
<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 130 OF 143	
	<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)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 10 / 2011</b>
Mailing Address 20 Alexander Drive		Amount of Each Disbursement this Period \$ 20.00 <b>Transaction ID : SB17.46632</b>
City Wallingford State CT Zip Code 06492	Purpose of Disbursement Cell phone service	
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>B.</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	
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.</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	
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).....	\$ 20.00
<b>TOTAL</b> This Period (last page this line number only).....	\$ 118135.98

**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 131 OF 143			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A. BETTY SUTTON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 1700 W. Market St. #155

City Akron State OH Zip Code 44313

Purpose of Disbursement Contribution

Candidate Name **BETTY S SUTTON**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: OH District: 13

Date of Disbursement: 12 / 08 / 2011

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB21.46560

**B. BILL OWENS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1575

City PLATTSBURGH State NY Zip Code 12901

Purpose of Disbursement Contribution

Candidate Name **BILL OWENS**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: IL District: 20

Date of Disbursement: 12 / 18 / 2011

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB21.46576

**C. BONAMICI FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 2236 SE 10TH AVE

City PORTLAND State OR Zip Code 97214

Purpose of Disbursement Contribution

Candidate Name **SUZANNE BONAMICI**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: OR District: 01

Date of Disbursement: 12 / 15 / 2011

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB21.46659

**SUBTOTAL** of Disbursements This Page (optional) ..... 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 143	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CHANDLER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address PO BOX 12678		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46559</b>
City LEXINGTON	State KY	
Zip Code 40583	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>A.B. III CHANDLER</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: KY District: 06	

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE- CONTRIBUTIONS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address 430 S CAPITOL ST SE 2ND FLOOR		Amount of Each Disbursement this Period 100000.00 <b>Transaction ID : SB21.46637</b>
City WASHINGTON	State DC	
Zip Code 20003	Purpose of Disbursement Transfer of Funds	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. DONNA EDWARDS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2011
Mailing Address P.O. BOX 441153		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.46190</b>
City FORT WASHINGTON	State MD	
Zip Code 20749	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>DONNA EDWARDS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MD District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	103000.00
<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 133 OF 143			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DUCKWORTH FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2011
Mailing Address P.O. BOX 8867		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46629</b>
City ROLLING MEADOWS	State IL	
Zip Code 60008	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>L. TAMMY DUCKWORTH</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IL District: 08	

Full Name (Last, First, Middle Initial) <b>B. Foodshare, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address P. O. Box 1320		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46147</b>
City Hartford	State CT	
Zip Code 06143	Purpose of Disbursement Contribution	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. Friendship Center</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2011
Mailing Address PO Box 1896		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB21.46184</b>
City New Britain	State CT	
Zip Code 06050	Purpose of Disbursement Contribution	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).....	2500.00
<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 134 OF 143			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF BENNIE THOMPSON</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2011
Mailing Address P.O. BOX 100		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46557</b>
City BOLTON	State MS	
Zip Code 39041	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>BENNIE G. THOMPSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: MS	District: 02	

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF DAN MAFFEI</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address PO Box 74		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.46616</b>
City Syracuse	State NY	
Zip Code 13214	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>DANIEL BENJAMIN MR. MAFFEI</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: NY	District: 25	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOE BACA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46562</b>
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement Contribution	Category/ Type
Candidate Name <b>JOE BACA</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: CA	District: 43	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<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 135 OF 143			
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GARAMENDI FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address C/O CALIFORNIA POLITICAL LAW, INC. 3605 LONG BEACH BLVD., STE. 426		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.46194</b>
City LONG BEACH State CA Zip Code 90807	Purpose of Disbursement Contribution	
Candidate Name <b>JOHN GARAMENDI</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 03		

Full Name (Last, First, Middle Initial) <b>B. GERRY CONNOLLY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2011
Mailing Address PO BOX 563		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46556</b>
City MERRIFIELD State VA Zip Code 22116	Purpose of Disbursement Contribution	
Candidate Name <b>GERRY E CONNOLLY</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA District: 11		

Full Name (Last, First, Middle Initial) <b>C. JESSE JACKSON JR FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2011
Mailing Address P.O. BOX 490286		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.46745</b>
City CHICAGO State IL Zip Code 60649	Purpose of Disbursement Contribution	
Candidate Name <b>JESSE L JR JACKSON</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<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 136 OF 143			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. KATHY HOCHUL FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2011
Mailing Address 4521 COPPERFIELD DR		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46575</b>
City HAMBURG State NY Zip Code 14075	Purpose of Disbursement Contribution	
Candidate Name <b>KATHLEEN COURTNEY HOCHUL</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 26		

Full Name (Last, First, Middle Initial) <b>B. KURT SCHRADER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 607 N. Main St Suite 240		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46561</b>
City Oregon City State OR Zip Code 97045	Purpose of Disbursement Contribution	
Candidate Name <b>KURT SCHRADER</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: OR District: 05		

Full Name (Last, First, Middle Initial) <b>C. LEONARD BEMBRY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011
Mailing Address 2510 SW PETTIS SPRINGS CIRCLE		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.46662</b>
City GREENVILLE State FL Zip Code 32331	Purpose of Disbursement Contribution	
Candidate Name <b>LEONARD LEE BEMBRY</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<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 137 OF 143	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCNERNEY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011
Mailing Address 6520 Village Parkway Second Floor		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46545</b>
City Dublin State CA Zip Code 94568	Purpose of Disbursement Contribution	
Candidate Name <b>GERALD MARK MCNERNEY</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 11		

Full Name (Last, First, Middle Initial) <b>B. PASCRELL FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2011
Mailing Address P.O. BOX 640		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB21.46585</b>
City TOTOWA State NJ Zip Code 07511	Purpose of Disbursement Contribution	
Candidate Name <b>WILLIAM J. HON. JR. PASCRELL</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 08		

Full Name (Last, First, Middle Initial) <b>C. SUSAN DAVIS FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 1212 S. VICTORY BLVD.		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB21.46554</b>
City BURBANK State CA Zip Code 91502	Purpose of Disbursement Contribution	
Candidate Name <b>SUSAN A DAVIS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 53		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4000.00
<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 138 OF 143	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

**A. TIERNEY FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 7 LOMAS DRIVE

City FRAMINGHAM State MA Zip Code 01701

Purpose of Disbursement Contribution

Candidate Name **JOHN F TIERNEY**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: MA District: 06

Date of Disbursement: 12 / 13 / 2011

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB21.46541

**B. TIM BISHOP FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Wooley Street

City Southampton State NY Zip Code 11968

Purpose of Disbursement Contribution

Candidate Name **TIMOTHY BISHOP**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: NY District: 01

Date of Disbursement: 12 / 09 / 2011

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB21.46621

**C. VAL DEMINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 536926

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement Contribution

Candidate Name **VALDEZ VAL DEMINGS**

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify)

State: FL District: 08

Date of Disbursement: 11 / 30 / 2011

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB21.46639

**SUBTOTAL** of Disbursements This Page (optional) ..... 4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 143			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Working Families Organization</b>		Date of Disbursement										
Mailing Address 30 Arbor Street		<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>12</td> <td></td> <td>27</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		27		2011
M M	/	D D	/	Y Y Y Y								
12		27		2011								
City	State	Zip Code										
Hartford	CT	06106										
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td>1000.00</td> </tr> </table>		Amount of Each Disbursement this Period	1000.00								
Amount of Each Disbursement this Period												
1000.00												
Candidate Name	<b>Transaction ID : SB21.46600</b>											
Office Sought:	House	Disbursement For:										
<input type="checkbox"/>	Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General										
<input type="checkbox"/>	President	<input type="checkbox"/> Other (specify)										
State:	District:											

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement										
Mailing Address		<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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
City	State	Zip Code										
Purpose of Disbursement	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td></td> </tr> </table>		Amount of Each Disbursement this Period									
Amount of Each Disbursement this Period												
Candidate Name	<b>Category/Type</b>											
Office Sought:	House	Disbursement For:										
<input type="checkbox"/>	Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General										
<input type="checkbox"/>	President	<input type="checkbox"/> Other (specify)										
State:	District:											

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement										
Mailing Address		<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></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y								
City	State	Zip Code										
Purpose of Disbursement	<table border="1"> <tr> <td>Amount of Each Disbursement this Period</td> </tr> <tr> <td></td> </tr> </table>		Amount of Each Disbursement this Period									
Amount of Each Disbursement this Period												
Candidate Name	<b>Category/Type</b>											
Office Sought:	House	Disbursement For:										
<input type="checkbox"/>	Senate	<input type="checkbox"/> Primary <input type="checkbox"/> General										
<input type="checkbox"/>	President	<input type="checkbox"/> Other (specify)										
State:	District:											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	130500.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**4C Partners, LLC**

Nature of Debt (Purpose):  
Fund raising fees and expenses

Mailing Address 718 Seventh Street, NW

City State Zip Code  
Washington DC 20001

Outstanding Balance Beginning This Period

Transaction ID : SD10.46721

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

7318.09

0.00

7318.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**American Express**

Nature of Debt (Purpose):  
Credit card

Mailing Address P.O. Box 114

City State Zip Code  
Newark NJ 07101

Outstanding Balance Beginning This Period

Transaction ID : SD10.45757

1228.82

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1228.82

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**C Street Investments**

Nature of Debt (Purpose):  
Event Staff

Mailing Address 901 Seventh Street NW

City State Zip Code  
Washington DC 20001

Outstanding Balance Beginning This Period

Transaction ID : SD10.46719

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1000.00

0.00

1000.00

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

8318.09

2) **TOTALS** This Period (last page this line number only) ..... ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Hoffman Auto**

Nature of Debt (Purpose):  
Auto Repairs

Mailing Address Connecticut Blvd.

City State Zip Code  
Eadt Hartford CT 06108

Outstanding Balance Beginning This Period

Transaction ID : SD10.45987

924.44

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

924.44

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Images Printing**

Nature of Debt (Purpose):  
Printing

Mailing Address PO Box 258

City State Zip Code  
Bloomfield CT 06002

Outstanding Balance Beginning This Period

Transaction ID : SD10.46722

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1669.69

0.00

1669.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Perkins Coie**

Nature of Debt (Purpose):  
Compliance advice

Mailing Address 1201 Third Avenue

City State Zip Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

Transaction ID : SD10.43734

630.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

630.00

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 2) **TOTALS** This Period (last page this line number only) ..... ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2299.69

0.00

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Perkins Coie**

Nature of Debt (Purpose):  
Compliance Advice

Mailing Address 1201 Third Avenue

City State Zip Code  
Seattle WA 98101

Outstanding Balance Beginning This Period

Transaction ID : SD10.45986

170.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

170.00

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Step toe & Johnson, LLP**

Nature of Debt (Purpose):  
Facility Fee

Mailing Address 1330 Connecticut Avenue, NW

City State Zip Code  
Washington DC 20036

Outstanding Balance Beginning This Period

Transaction ID : SD10.37308

50.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Verizon Wireless**

Nature of Debt (Purpose):  
Cell phone service

Mailing Address 20 Alexander Drive

City State Zip Code  
Wallingford CT 06492

Outstanding Balance Beginning This Period

Transaction ID : SD10.42519

482.92

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

482.92

1) **SUBTOTALS** This Period This Page (optional) .....

532.92

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

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Verizon Wireless

Nature of Debt (Purpose):  
Cell phone service

Mailing Address 20 Alexander Drive

City State Zip Code  
Wallingford CT 06492

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.46740

Amount Incurred This Period

713.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

713.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Verizon Wireless

Nature of Debt (Purpose):  
Cell phone service

Mailing Address 20 Alexander Drive

City State Zip Code  
Wallingford CT 06492

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.46741

Amount Incurred This Period

434.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

434.57

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

1148.09

2) **TOTALS** This Period (last page this line number only) ..... ▶

12298.79

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

12298.79