

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

FRIENDS OF ROSA DELAURO

ADDRESS (number and street) 12 TRUMBULL STREET

Check if different than previously reported. (ACC)

NEW HAVEN CT 06511

2. **FEC IDENTIFICATION NUMBER** C00238865

CITY STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

CT 03

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 [] [] [] in the State of []

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

General (30G) Runoff (30R) Special (30S)

Election on [] [] [] in the State of []

5. Covering Period 01 01 2009 through 03 31 2009

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 Helaine G. Lender

Signature of Treasurer Electronically Filed by Helaine G. Lender Date 04 15 2009

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF ROSA DELAURO

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))..... | 119934.00 | 124434.00 |
| (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))..... | 119934.00 | 124434.00 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 81186.55 | 125858.91 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 586.97 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 81186.55 | 125271.94 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 78789.82 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
FRIENDS OF ROSA DELAURO

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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 | 41599.00 | 44499.00 |
| (i) Itemized (use Schedule A)..... | 1335.00 | 1935.00 |
| (ii) Unitemized..... | 42934.00 | 46434.00 |
| (iii) TOTAL of contributions from individuals..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 77000.00 | 78000.00 |
| (c) Other Political Committees (such as PACS)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 119934.00 | 124434.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | | |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | 0.00 | 586.97 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 119934.00 | 125020.97 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 81186.55 | 125858.91 |
| 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..... | 29000.00 | 33500.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 110186.55 | 159358.91 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 69042.37 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 119934.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 188976.37 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 110186.55 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 78789.82 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 77
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
American Association for Justice PAC

Mailing Address 777 6th St NW Ste 200

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 90331.C25261

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Association for Justice PAC

Mailing Address 777 6th St NW Ste 200

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: 90331.C25279

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Intl Union of Operating Engineers PAC

Mailing Address 1125 Seventeenth ST., NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00029504

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: 90331.C25275

Amount of Each Receipt this Period
5000.00

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

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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: PAGE 6 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
American Health Care Assn PAC
Mailing Address 1201 L Street NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00006080
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) Convention 2010
Election Cycle-to-Date 500.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90331.C25303
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
General Electric PAC
Mailing Address 1299 Pennsylvania Ave., N ; Suite
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00024869
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) Convention 2010
Election Cycle-to-Date 1000.00
Date of Receipt 03 / 11 / 2009
Transaction ID: 90313.C25218
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
UTC Employees PAC
Mailing Address 1401 Eye St., NW, Ste 600
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00035683
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) Convention 2010
Election Cycle-to-Date 5000.00
Date of Receipt 03 / 30 / 2009
Transaction ID: 90331.C25294
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**
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: PAGE 7 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
General Dynamics Vol PAC
Mailing Address 2941 Fairview Park Dr., Suite 100

City Falls Church State VA Zip Code 22042

FEC ID number of contributing federal political committee. C C00078451

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) Convention 2010

Election Cycle-to-Date 1000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 23 / 2009
Transaction ID: 90331.C25263
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Ironworkers Pol. Action League
Mailing Address 1750 New York Ave, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. C C00027359

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) Convention 2010

Election Cycle-to-Date 5000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 22 / 2009
Transaction ID: 90331.C25230
 Amount of Each Receipt this Period 5000.00

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

C. Full Name (Last, First, Middle Initial)
Sheet Metal Wrks Intl PAC
Mailing Address 1750 New York Ave., NW, 6th Fl

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. C C00007542

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) Convention 2010

Election Cycle-to-Date 2000.00

Date of Receipt M M / D D / Y Y Y Y Y
03 / 31 / 2009
Transaction ID: 90410.C25327
 Amount of Each Receipt this Period 2000.00

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

SUBTOTAL of Receipts This Page (optional) 8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
UAW V CAP PAC

Mailing Address 8000 East Jefferson Avenue

City State Zip Code
Detroit MI 48214

FEC ID number of contributing federal political committee. C C00002840

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 27 / 2009

Transaction ID: 90331.C25274

Amount of Each Receipt this Period 1000.00

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

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

Mailing Address 1932 Wynton Road

City State Zip Code
Columbus GA 31999

FEC ID number of contributing federal political committee. C C00034157

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
03 / 23 / 2009

Transaction ID: 90331.C25259

Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Boilermakers Legislat.Educ.Action Prog.

Mailing Address 753 State Ave ste 565

City State Zip Code
Kansas City KS 66101-2511

FEC ID number of contributing federal political committee. C C00005157

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 2500.00

Date of Receipt M M / D D / Y Y Y Y
03 / 03 / 2009

Transaction ID: 90313.C25213

Amount of Each Receipt this Period 2500.00

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

SUBTOTAL of Receipts This Page (optional) 4500.00

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: PAGE 9 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Amer Fed of Govt Employ PAC
Mailing Address 80 F Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C** C00009936
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) Convention 2010
Election Cycle-to-Date 1500.00
Date of Receipt 03 / 13 / 2009
Transaction ID: 90313.C25222
Amount of Each Receipt this Period 1500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Laborers Political League
Mailing Address 905 Sixteenth St., N.W.
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00007922
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) Convention 2010
Election Cycle-to-Date 1000.00
Date of Receipt 03 / 28 / 2009
Transaction ID: 90331.C25300
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
I.B.E.W.- C.O.P.E.
Mailing Address 900 7th St NW
City Washington State DC Zip Code 20001-3886
FEC ID number of contributing federal political committee. **C** C00027342
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) Convention 2010
Election Cycle-to-Date 5000.00
Date of Receipt 03 / 20 / 2009
Transaction ID: 90331.C25228
Amount of Each Receipt this Period 5000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ **7500.00**
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: PAGE 10 / 77

(check only one)

11a 11b 11c 11d

12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Agri Mark Legis & Educ Comt

Mailing Address P.O. Box 5800

City State Zip Code
Lawrence MA 01842

FEC ID number of contributing federal political committee. **C C00141242**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID: 90331.C25260

Amount of Each Receipt this Period **500.00**

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

B. Full Name (Last, First, Middle Initial)
ASCAP Legislative Fund

Mailing Address One Lincoln Plaza

City State Zip Code
New York NY 10023

FEC ID number of contributing federal political committee. **C C00228296**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 30 / 2009**

Transaction ID: 90331.C25297

Amount of Each Receipt this Period **500.00**

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

C. Full Name (Last, First, Middle Initial)
Farm Credit PAC

Mailing Address 50 F Street, NW, Suite 900

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 31 / 2009**

Transaction ID: 90401.C25318

Amount of Each Receipt this Period **1000.00**

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

SUBTOTAL of Receipts This Page (optional) **2000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Humane USA PAC
Mailing Address P.O. Box 19224
City Washington State DC Zip Code 20036
FEC ID number of contributing federal political committee. **C** C00350439
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 2000.00
Date of Receipt 03 / 27 / 2009
Transaction ID: 90331.C25281
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Natl Air Traffic Controllers Assn PAC
Mailing Address 1325 Massachusetts Ave., NW
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00238725
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90403.C25326
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
IUPAT Political Action Together
Mailing Address 1750 New York Avenue, NW
City Washington State DC Zip Code 20006
FEC ID number of contributing federal political committee. **C** C00000885
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 3500.00
Date of Receipt 03 / 10 / 2009
Transaction ID: 90313.C25216
Amount of Each Receipt this Period 3500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 6500.00
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 12 / 77 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Boeing Company PAC

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: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 30 / 2009**

Transaction ID: 90331.C25295

Amount of Each Receipt this Period **1000.00**

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

B. Full Name (Last, First, Middle Initial)
School Nutrition Association PAC

Mailing Address 700 S Washington St Suite 300

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00166272

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 31 / 2009**

Transaction ID: 90401.C25316

Amount of Each Receipt this Period **1000.00**

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

C. Full Name (Last, First, Middle Initial)
Internatl Assoc of Fire Fighters PAC

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **2500.00**

Date of Receipt **03 / 30 / 2009**

Transaction ID: 90331.C25296

Amount of Each Receipt this Period **2500.00**

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

SUBTOTAL of Receipts This Page (optional) **4500.00**

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: PAGE 13 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Land OLakes PAC
Mailing Address P.O. Box 64101
City Saint Paul State MN Zip Code 55164
FEC ID number of contributing federal political committee. **C** C00009423
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**
Election Cycle-to-Date **2500.00**
Date of Receipt **03 / 30 / 2009**
Transaction ID: 90331.C25293
Amount of Each Receipt this Period **2500.00**
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
American Hospital Association PAC
Mailing Address 325 Seventh St NW
City Washington State DC Zip Code 20004
FEC ID number of contributing federal political committee. **C** C00106146
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**
Election Cycle-to-Date **1000.00**
Date of Receipt **03 / 11 / 2009**
Transaction ID: 90313.C25219
Amount of Each Receipt this Period **1000.00**
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
American Nurses Assoc PAC
Mailing Address 8515 Georgia Ave Suite 400
City Silver Spring State MD Zip Code 20910
FEC ID number of contributing federal political committee. **C** C00017525
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**
Election Cycle-to-Date **1000.00**
Date of Receipt **03 / 27 / 2009**
Transaction ID: 90331.C25276
Amount of Each Receipt this Period **1000.00**
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) **4500.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Winston & Strawn, LLP PAC

Mailing Address 1700 K St NW

City State Zip Code
Washington DC 20006-3800

FEC ID number of contributing federal political committee. **C** C00282921

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 90331.C25284

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Assoc Wheat PAC

Mailing Address 415 2nd Street NE Suite 300

City State Zip Code
Washington DC 20002-4900

FEC ID number of contributing federal political committee. **C** C00139964

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90401.C25320

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
National Milk Producers Federation PAC

Mailing Address 2101 Wilson Blvd Ste 400

City State Zip Code
Arlington VA 22201-3062

FEC ID number of contributing federal political committee. **C** C00325324

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90401.C25317

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) **2000.00**

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
National Pork Producers Council Pork PAC
Mailing Address PO Box 10383
City Des Moines State IA Zip Code 50306-0383
FEC ID number of contributing federal political committee. **C** C00201871
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 02 / 25 / 2009
Transaction ID: 90225.C25212
Amount of Each Receipt this Period: 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
United Parcel Service PAC
Mailing Address 55 Glenlake Pkwy NE
City Atlanta State GA Zip Code 30328-3474
FEC ID number of contributing federal political committee. **C** C00064766
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 1000.00
Date of Receipt: 03 / 27 / 2009
Transaction ID: 90331.C25283
Amount of Each Receipt this Period: 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Livestock Marketing Assoc PAC
Mailing Address 10510 NW Ambassador Dr
City Kansas City State MO Zip Code 64153-1278
FEC ID number of contributing federal political committee. **C** C00244400
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 500.00
Date of Receipt: 03 / 26 / 2009
Transaction ID: 90331.C25271
Amount of Each Receipt this Period: 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2500.00
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
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Chicago Mercantile Exchg., Inc PAC

Mailing Address 20 S Wacker Dr

City State Zip Code
Chicago IL 60606-7408

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) Convention 2010

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90331.C25304

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
National Rural Water Assoc PAC

Mailing Address 2915 S 13th St

City State Zip Code
Duncan OK 73533-9086

FEC ID number of contributing federal political committee. **C** C00202184

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) Convention 2010

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: 90331.C25225

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
American Nursery & Landscape Assoc PAC

Mailing Address 1000 Vermont Ave NW Suite 300

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00022988

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) Convention 2010

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2009

Transaction ID: 90331.C25280

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) **3000.00**

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 17 / 77 |
| | <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|--|--|--|
| A. | Full Name (Last, First, Middle Initial) Society of American Florists PAC | Date of Receipt MM / DD / YYYY 03 / 23 / 2009 |
| | Mailing Address 1601 Duke Street | Transaction ID: 90331.C25264 |
| | City State Zip Code Alexandria VA 22314 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C C00111302 | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention 2010 | Election Cycle-to-Date 1000.00 | |

| | | |
|--|--|--|
| B. | Full Name (Last, First, Middle Initial) US Rice Producers PAC | Date of Receipt MM / DD / YYYY 03 / 31 / 2009 |
| | Mailing Address 2825 Wilcrest Dr Ste 505 | Transaction ID: 90401.C25319 |
| | City State Zip Code Houston TX 77042 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C C00383661 | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention 2010 | Election Cycle-to-Date 1000.00 | |

| | | |
|--|--|--|
| C. | Full Name (Last, First, Middle Initial) American College of Radiology Assoc PAC | Date of Receipt MM / DD / YYYY 03 / 13 / 2009 |
| | Mailing Address 1891 Preston White Dr | Transaction ID: 90313.C25221 |
| | City State Zip Code Reston VA 20191 | Amount of Each Receipt this Period 2000.00 |
| | FEC ID number of contributing federal political committee. C C00343459 | Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Name of Employer Occupation | | |
| Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Convention 2010 | Election Cycle-to-Date 2000.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
American College of Radiology Assoc PAC

Mailing Address 1891 Preston White Dr

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **3000.00**

Date of Receipt **03 / 27 / 2009**
Transaction ID: 90331.C25277
 Amount of Each Receipt this Period **1000.00**

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

B. Full Name (Last, First, Middle Initial)
American Psychiatric Assoc PAC

Mailing Address 1000 Wilson Blvd Suite 1825

City Arlington State VA Zip Code 22209-3901

FEC ID number of contributing federal political committee. **C** C00373696

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 31 / 2009**
Transaction ID: 90403.C25323
 Amount of Each Receipt this Period **1000.00**

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

C. Full Name (Last, First, Middle Initial)
American Sheep Industry Assoc (RAM PAC)

Mailing Address 9785 Maroon Circle ate 360

City Englewood State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C** C00043059

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 27 / 2009**
Transaction ID: 90331.C25278
 Amount of Each Receipt this Period **1000.00**

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

SUBTOTAL of Receipts This Page (optional) **3000.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
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Use separate schedule(s)
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Detailed Summary Page

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 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
The Hartford Advocates Fund PAC
Mailing Address 690 Asylum Ave
City Hartford State CT Zip Code 06115
FEC ID number of contributing federal political committee. **C** C00168864
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 26 / 2009
Transaction ID: 90331.C25272
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Biotechnology Industry Organization PAC
Mailing Address 1225 I St NW Suite 400
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00355677
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90410.C25328
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
CROPLIFE America PAC
Mailing Address 1156 15th St NW Suite 400
City Washington State DC Zip Code 20005
FEC ID number of contributing federal political committee. **C** C00248849
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90403.C25325
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 3000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
UBC NE Reg Council Carpenters PAC
Mailing Address 427 Stillson Rd

City State Zip Code
Fairfield CT 06824-3153

FEC ID number of contributing federal political committee. **C** C00150045

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **2500.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 2 | / | 2 | 0 | 0 | 9 |

Transaction ID: 90331.C25233
 Amount of Each Receipt this Period **2500.00**

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

B. Full Name (Last, First, Middle Initial)
New York Life Insurance PAC
Mailing Address 51 Madison Ave Rm 1109

City State Zip Code
New York NY 10010

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **2500.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

Transaction ID: 90313.C25214
 Amount of Each Receipt this Period **2500.00**

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

C. Full Name (Last, First, Middle Initial)
Life Technologies Corp Empl PAC
Mailing Address 1050 K St NW ste 310

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00404442

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **2500.00**

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

Transaction ID: 90331.C25282
 Amount of Each Receipt this Period **2500.00**

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

SUBTOTAL of Receipts This Page (optional) **7500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
American Soybean Assc PAC

Mailing Address 12125 Woodcrest Executive Dr ste

City State Zip Code
Saint Louis MO 63141

FEC ID number of contributing federal political committee. **C** C00408468

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2009

Transaction ID: 90403.C25324

Amount of Each Receipt this Period
1000.00

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

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 77000.00 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

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

Mailing Address 61 Pasture Lane

City Branford State CT Zip Code 06405

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

Name of Employer Iovanne Funeral Home Occupation Funeral Director

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 22 / 2009**
Transaction ID: 90331.C25235
 Amount of Each Receipt this Period **1000.00**

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

B. Full Name (Last, First, Middle Initial)
Stephanie Farber

Mailing Address 14 Ozone Road

City Branford State CT Zip Code 06405

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

Name of Employer Hospital of St Raphael Occupation Physician

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 22 / 2009**
Transaction ID: 90331.C25255
 Amount of Each Receipt this Period **500.00**

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

C. Full Name (Last, First, Middle Initial)
Gerald Weiner

Mailing Address 15 Bishop Drive

City Woodbridge State CT Zip Code 06525-2301

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

Name of Employer Weinstein Weiner & Ignal Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 22 / 2009**
Transaction ID: 90331.C25244
 Amount of Each Receipt this Period **500.00**

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

SUBTOTAL of Receipts This Page (optional) **2000.00**

TOTAL This Period (last page this line number only)

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

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 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

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

Mailing Address 15 Fawn Ridge Road

City North Haven State CT Zip Code 06473-2855

FEC ID number of contributing federal political committee. C

Name of Employer State of CT Occupation Marshall

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25249
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Patricia Russo

Mailing Address 191 Smith Ridge Road

City New Canaan State CT Zip Code 06840-3620

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25253
 Amount of Each Receipt this Period 1000.00

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

C. Full Name (Last, First, Middle Initial)
Joseph McDonagh

Mailing Address 3656 Whitney Avenue, #38

City Hamden State CT Zip Code 06518

FEC ID number of contributing federal political committee. C

Name of Employer Mass Mutual Occupation insurance agent

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25254
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 1750.00

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

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

Mailing Address 69 Northford Road

City State Zip Code
Branford CT 06405

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
U.S. Surgical Administrative Assistant

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2010 2356.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 0 9

Transaction ID: 90331.C25299

Amount of Each Receipt this Period
2356.00

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

Food for Fundraiser

B. Full Name (Last, First, Middle Initial)
Richard Sussman

Mailing Address 22 Highland Street

City State Zip Code
New Haven CT 06511

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
self-employed Psychologist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2010 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 0 9

Transaction ID: 90331.C25258

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Deborah Moss

Mailing Address 23 Grove Point Road

City State Zip Code
Westport CT 06880

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Avalence LLC executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2010 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 3 / 2 2 / 2 0 0 9

Transaction ID: 90331.C25247

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 3856.00

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: PAGE 25 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Penelope Bellamy
 Mailing Address 276 Thimble Islands Road
 City Branford State CT Zip Code 06405-5735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wiggin & Dana Occupation lawyer
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) Convention 2010
 Date of Receipt 03 / 13 / 2009
Transaction ID: 90313.C25223
 Amount of Each Receipt this Period 1000.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
James Cohen
 Mailing Address 315 St. Ronan Street
 City New Haven State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Community Foundation Occupation President
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) Convention 2010
 Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25250
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Anthony Moffett
 Mailing Address 3017 Arizona Ave NW
 City Washington State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Livingston/Moffett Consult Occupation President
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) Convention 2010
 Date of Receipt 03 / 27 / 2009
Transaction ID: 90331.C25288
 Amount of Each Receipt this Period 500.00
 Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2000.00
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: PAGE 26 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Alan Lopatin

Mailing Address 4958 Butterworth Pl., NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Ledge Counsel, Inc consultant

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2009

Transaction ID: 90331.C25285

Amount of Each Receipt this Period

500.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Janice Gruendel

Mailing Address 28 Juniper Point Road

City State Zip Code
Branford CT 06405

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

Name of Employer Occupation
CT Voices for Children Administrator

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 16 / 2009

Transaction ID: 90401.C25305

Amount of Each Receipt this Period

500.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Christopher ONeill

Mailing Address 1310 19th Street, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
ONeill, Athy & Casey attorney

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2009

Transaction ID: 90331.C25287

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

2000.00

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: PAGE 27 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

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

Mailing Address 6 Prospect Hill Road

City Branford State CT Zip Code 06405

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

Name of Employer CT Agricultural Experiment Sta Occupation director

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010 Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 18 / 2009
Transaction ID: 90331.C25227
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Nancy DiNardo

Mailing Address 61 Suzanne Circle

City Trumbull State CT Zip Code 06611

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

Name of Employer Democratic State Central Occupation Chair

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010 Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25243
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
A. Harris Stone

Mailing Address 701 North Street

City Milford State CT Zip Code 06460

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

Name of Employer self Occupation consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010 Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25232
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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: PAGE 28 / 77
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Bruce Lev

Mailing Address 736 Titucus Rd

City North Salem State NY Zip Code 10560

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

Name of Employer USCO Logistics Occupation general counsel

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 31 / 2009**

Transaction ID: 90401.C25309

Amount of Each Receipt this Period **500.00**

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

B.

Full Name (Last, First, Middle Initial)
Orest Dubno

Mailing Address 95 Hemlock Road

City New Haven State CT Zip Code 06515

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

Name of Employer Gateway Terminals Occupation marketing

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 22 / 2009**

Transaction ID: 90331.C25256

Amount of Each Receipt this Period **500.00**

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

C.

Full Name (Last, First, Middle Initial)
William Bloss

Mailing Address 1165 Great Hill Rd

City Guilford State CT Zip Code 06437-3648

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

Name of Employer Jacob Grudberg Belt & Dow Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 22 / 2009**

Transaction ID: 90331.C25240

Amount of Each Receipt this Period **1000.00**

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

SUBTOTAL of Receipts This Page (optional) **2000.00**

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: PAGE 29 / 77
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Richard Bieder

Mailing Address 19 Millertown Road

City Bedford State NY Zip Code 10506-1304

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

Name of Employer Koskoff Koskoff & Bieder Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 22 / 2009

Transaction ID: 90331.C25239

Amount of Each Receipt this Period 1000.00

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

B.

Full Name (Last, First, Middle Initial)
Lawrence Smith

Mailing Address 400 Waterfront Street

City East Haven State CT Zip Code 06512

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

Name of Employer Gateway Terminals Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2009

Transaction ID: 90331.C25257

Amount of Each Receipt this Period 500.00

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

C.

Full Name (Last, First, Middle Initial)
John Wareck

Mailing Address 112 Huntington St

City New Haven State CT Zip Code 06510

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

Name of Employer Wareck Real Estate, LLC Occupation Real Estate

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 90331.C25270

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Karen Pritzker
Mailing Address 550 E. Main St #32
City Branford State CT Zip Code 06405
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation Homemaker
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 2000.00
Date of Receipt 02 / 23 / 2009
Transaction ID: 90225.C25210
Amount of Each Receipt this Period 2000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Paul Allen
Mailing Address 8763 Preston PI #6
City Chevy Chase State MD Zip Code 20815
FEC ID number of contributing federal political committee. **C**
Name of Employer Ogilvy Adams & Rinehart Occupation Vice President
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 1000.00
Date of Receipt 03 / 23 / 2009
Transaction ID: 90331.C25262
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Harold Ickes
Mailing Address 1300 Connecticut Ave, NW
City Washington State DC Zip Code 20036-1703
FEC ID number of contributing federal political committee. **C**
Name of Employer Ickes & Enright Occupation Partner
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 1000.00
Date of Receipt 03 / 27 / 2009
Transaction ID: 90331.C25289
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) **4000.00**
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: PAGE 31 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Janice Enright
Mailing Address 1300 Connecticut Ave NW Suite 600
City Washington State DC Zip Code 20016
FEC ID number of contributing federal political committee. **C**
Name of Employer Ickes & Enright Occupation Partner
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 1000.00
Date of Receipt 03 / 27 / 2009
Transaction ID: 90331.C25290
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
E. William Iovanne
Mailing Address 11 Wooster Place
City New Haven State CT Zip Code 06511
FEC ID number of contributing federal political committee. **C**
Name of Employer Iovanne Funeral Home Occupation Funeral Director
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 500.00
Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25236
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Rona Ginott
Mailing Address 650 Lake Avenue
City Greenwich State CT Zip Code 06830
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Education Consultant
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 500.00
Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25234
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) **2000.00**
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: PAGE 32 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

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

Mailing Address 436 Franklin Street #A

City State Zip Code
Port Chester NY 10573-3521

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

Name of Employer Occupation
The Learning Collaborative project director

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2009

Transaction ID: 90331.C25231

Amount of Each Receipt this Period
500.00

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

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

Mailing Address 100 West Meadow Rd

City State Zip Code
Hamden CT 06518

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

Name of Employer Occupation
Griffin Hospital CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼

1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2009

Transaction ID: 90331.C25248

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Peyton Patterson

Mailing Address 6 Opening Hill Road

City State Zip Code
Madison CT 06443

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

Name of Employer Occupation
New Alliance Bank chairman

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼

500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 22 / 2009

Transaction ID: 90331.C25252

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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: PAGE 33 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
James Horowitz

Mailing Address 24 Oak Hill Lane

City State Zip Code
Woodbridge CT 06525

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

Name of Employer Occupation
Koskoff, Koskoff & Beider attorney

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 22 / 2009

Transaction ID: 90331.C25242

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Mark Mioduski

Mailing Address 2080 N. Oakland St

City State Zip Code
Arlington VA 22207-7200

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

Name of Employer Occupation
Cornerstone Govt Relations V.P. Government Affairs

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 90401.C25310

Amount of Each Receipt this Period

1000.00

Receipt

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

C.

Full Name (Last, First, Middle Initial)
Charles Stenhelm

Mailing Address 616 E St NW #1154

City State Zip Code
Washington DC 20004

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

Name of Employer Occupation
Olsson Frank & Weeda PC Senior Govt. Affairs Advisor

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2009

Transaction ID: 90331.C25286

Amount of Each Receipt this Period

1000.00

Receipt

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

SUBTOTAL of Receipts This Page (optional)

3000.00

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
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FOR LINE NUMBER: PAGE 34 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Timothy K. Sanders

Mailing Address 305 3rd St SE

City Washington State DC Zip Code 20003

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

Name of Employer Cornerstone Govt Relations Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 90401.C25313
 Amount of Each Receipt this Period 2000.00

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

B. Full Name (Last, First, Middle Initial)
Fred J. Clark

Mailing Address 709 N. Illinois Street

City Arlington State VA Zip Code 22205

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

Name of Employer Cornerstone Govt Relations Occupation VP & General Counsel

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 90401.C25306
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Sandra T. Stein

Mailing Address 161 Ford Rd

City Woodbridge State CT Zip Code 06525-1710

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

Name of Employer Yale University Occupation Clinical Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 250.00

Date of Receipt 01 / 12 / 2009
Transaction ID: 90116.C25207
 Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) ► 2750.00

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: PAGE 35 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

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

Mailing Address 2417 Barbour Road

City Falls Church State VA Zip Code 22043

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

Name of Employer Cornerstone Govt Relations Occupation Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 90401.C25314
 Amount of Each Receipt this Period 500.00

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

B. Full Name (Last, First, Middle Initial)
Mark W. Murray

Mailing Address 6511 Princeton Dr

City Alexandria State VA Zip Code 22307

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

Name of Employer DLA Piper Rudnick Occupation Principal

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 90401.C25311
 Amount of Each Receipt this Period 500.00

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

C. Full Name (Last, First, Middle Initial)
Mark A. Rokala

Mailing Address 217 13th Street SE

City Washington State DC Zip Code 20003

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

Name of Employer Cornerstone Govt Relations Occupation Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009
Transaction ID: 90401.C25312
 Amount of Each Receipt this Period 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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: PAGE 36 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
John Stafstrom
Mailing Address 420 Brooklawn Ave
City Bridgeport State CT Zip Code 06604
FEC ID number of contributing federal political committee. **C**
Name of Employer Pullman & Comley Occupation attorney
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 500.00
Date of Receipt 03 / 18 / 2009
Transaction ID: 90331.C25226
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Daniel Esty
Mailing Address 213 Preston Terrace
City Cheshire State CT Zip Code 06410
FEC ID number of contributing federal political committee. **C**
Name of Employer Yale University Occupation professor
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 500.00
Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25246
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Gordon MacDougall
Mailing Address 4797 Yorktwon Blvd
City Arlington State VA Zip Code 22207
FEC ID number of contributing federal political committee. **C**
Name of Employer Beacon Consulting Group Occupation President
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90401.C25321
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2000.00
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: PAGE 37 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Angeline Iovanne
Mailing Address 61 Pasture Lane
City Branford State CT Zip Code 06405
FEC ID number of contributing federal political committee. **C**
Name of Employer Iovanne Funeral Home Occupation Funeral Director
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 1000.00
Date of Receipt 03 / 22 / 2009
Transaction ID: 90331.C25238
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Fred Hutchison
Mailing Address 13100 Millhaven PI Apt A
City Germantown State MD Zip Code 20874
FEC ID number of contributing federal political committee. **C**
Name of Employer Franklin-Hamilton Comm, Inc Occupation President
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 250.00
Date of Receipt 03 / 31 / 2009
Transaction ID: 90401.C25308
Amount of Each Receipt this Period 250.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
David White
Mailing Address 9 White Birch Dr
City Milford State CT Zip Code 06460
FEC ID number of contributing federal political committee. **C**
Name of Employer Coord. Transp. Solutions, Inc Occupation President
Receipt For: 2010
 Primary General
 Other (specify) ▼
Convention 2010 Election Cycle-to-Date ▼ 500.00
Date of Receipt 03 / 24 / 2009
Transaction ID: 90331.C25267
Amount of Each Receipt this Period 500.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1750.00
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: PAGE 38 / 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

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

Mailing Address 213 Preston Terrace

City State Zip Code
Cheshire CT 06410

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

Name of Employer State of CT Occupation Legislator

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 2 2 / 2 0 0 9

Transaction ID: 90331.C25245

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Kathleen Bozzuto

Mailing Address 78 Lanes Pond Rd

City State Zip Code
Northford CT 06472

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

Name of Employer none Occupation Housewife

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 5 / 2 0 0 9

Transaction ID: 90313.C25215

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Michael Stratton

Mailing Address 162 Huntington St

City State Zip Code
New Haven CT 06511

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

Name of Employer Stratton Faxon Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼
 Convention 2010

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 1 0 / 2 0 0 9

Transaction ID: 90313.C25217

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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: PAGE 39 / 77
(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Betty DiNardo

Mailing Address 1883 Fairfield Beach Rd

City State Zip Code
Fairfield CT 06824-6524

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

Name of Employer none Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 22 / 2009**

Transaction ID: 90331.C25229

Amount of Each Receipt this Period **500.00**

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

B.

Full Name (Last, First, Middle Initial)
Arnold Mitchem

Mailing Address 3901 Woodlawn Rd

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Council for Opportunity in Edu Occupation President

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **500.00**

Date of Receipt **03 / 23 / 2009**

Transaction ID: 90331.C25265

Amount of Each Receipt this Period **500.00**

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

C.

Full Name (Last, First, Middle Initial)
Steven Rosenthal

Mailing Address 40 Bartlett St

City State Zip Code
Marblehead MA 01945-2720

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

Name of Employer Northland Investment Corp Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) **Convention 2010**

Election Cycle-to-Date **1000.00**

Date of Receipt **03 / 30 / 2009**

Transaction ID: 90331.C25291

Amount of Each Receipt this Period **1000.00**

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

SUBTOTAL of Receipts This Page (optional) **2000.00**

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: PAGE 40 / 77

(check only one)

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Larry Gottesdiener

Mailing Address 2150 Washington St 3rd FL

City State Zip Code
Newton MA 02462

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

Name of Employer Occupation
Northland Investment Corp chairman

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2009

Transaction ID: 90331.C25292

Amount of Each Receipt this Period

1000.00

Receipt

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

B.

Full Name (Last, First, Middle Initial)
Andrew Quinn

Mailing Address 1501 M Street ste 450

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
McAllister & Quinn LLC Partner

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 243.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 27 / 2009

Transaction ID: 90331.C25298

Amount of Each Receipt this Period

243.00

In-Kind

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

Mailing for Fundraiser

C.

Full Name (Last, First, Middle Initial)
James Dyer

Mailing Address 3833 Whitman Rd

City State Zip Code
Annandale VA 22003

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

Name of Employer Occupation
Clark & Weinstock Government Affairs

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) **Convention 2010** 500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: 90401.C25307

Amount of Each Receipt this Period

500.00

Receipt

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

SUBTOTAL of Receipts This Page (optional) ▶

1743.00

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

41599.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Myers Flower Shops

Mailing Address 1008 Main Street

City Branford State CT Zip Code 06405-

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90225.E9334
Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

153.67

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FLOWERS

B.

Full Name (Last, First, Middle Initial)
Cathy Weber

Mailing Address 50 Daisy St.

City New Haven State CT Zip Code 06511-

Purpose of Disbursement
Petty Cash

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90225.E9329
Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

128.79

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

PETTY CASH

C.

Full Name (Last, First, Middle Initial)
Orchard Bank

Mailing Address P.O. Box 80084

City Salinas State CA Zip Code 93912-

Purpose of Disbursement
Credit Card:See below

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90225.E9335
Date of Disbursement

01 / 12 / 2009

Amount of Each Disbursement this Period

201.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CREDIT CARD:SEE BELOW

SUBTOTAL of Disbursements This Page (optional) ▶

483.46

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
AMTRAK

Transaction ID: 90225.E9336
Date of Disbursement

Mailing Address State Street

| | | | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| ^M 0 | ^M 1 | ^D 1 | ^D 2 | ^Y 2 | ^Y 0 | ^Y 0 | ^Y 9 |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|

City State Zip Code
New Haven CT 06511-

Amount of Each Disbursement this Period

| |
|--------|
| 201.00 |
|--------|

Purpose of Disbursement
Travel

| |
|--|
| |
|--|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

[MEMO ITEM]
MEMO: TRAVEL

State: District:

B.

Full Name (Last, First, Middle Initial)
Federal City Caterers

Transaction ID: 90331.E9420
Date of Disbursement

Mailing Address 1119 12th Street, N.W.

| | | | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| ^M 0 | ^M 3 | ^D 3 | ^D 1 | ^Y 2 | ^Y 0 | ^Y 0 | ^Y 9 |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|

City State Zip Code
Washington DC 20005-

Amount of Each Disbursement this Period

| |
|---------|
| 3697.24 |
|---------|

Purpose of Disbursement
Catering

| |
|--|
| |
|--|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

CATERING

State: District:

C.

Full Name (Last, First, Middle Initial)
D.C. Treasurer

Transaction ID: 90225.E9344
Date of Disbursement

Mailing Address Office of Tax & Revenue Services
941 N. Capitol Street, NE

| | | | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| ^M 0 | ^M 1 | ^D 1 | ^D 6 | ^Y 2 | ^Y 0 | ^Y 0 | ^Y 9 |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|

City State Zip Code
Washington DC 20002-

Amount of Each Disbursement this Period

| |
|--------|
| 344.47 |
|--------|

Purpose of Disbursement
D.C. Withholding Tax

| |
|--|
| |
|--|

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

D.C. WITHHOLDING TAX

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 4041.71 |
|---------|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Yasmine Zamani</p> <p>Mailing Address 1700 Kalorama Rd NW #406</p> <p>City Washington State DC Zip Code 20009-</p> <p>Purpose of Disbursement Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90401.E9425 Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 23.01</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DELIVERY</p> |
| <p>B. Full Name (Last, First, Middle Initial) Yasmine Zamani</p> <p>Mailing Address 1700 Kalorama Rd NW #406</p> <p>City Washington State DC Zip Code 20009-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9340 Date of Disbursement 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1689.34</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p> |
| <p>C. Full Name (Last, First, Middle Initial) Perkins Coie</p> <p>Mailing Address 607 Fourteenth Street, NW</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Legal Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90313.E9376 Date of Disbursement 02 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 450.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>LEGAL FEES</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

2162.35

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Antonios Ristorante Mailing Address 672 Main Street City East Haven State CT Zip Code 06512- Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90331.E9417 Date of Disbursement 03 / 31 / 2009 Amount of Each Disbursement this Period 922.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING |
| B. | Full Name (Last, First, Middle Initial) Nicas Market Mailing Address 603 Orange St City New Haven State CT Zip Code 06511- Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9382 Date of Disbursement 03 / 05 / 2009 Amount of Each Disbursement this Period 306.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING |
| C. | Full Name (Last, First, Middle Initial) Cathy Weber Mailing Address 50 Daisy St. City New Haven State CT Zip Code 06511- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9363 Date of Disbursement 02 / 16 / 2009 Amount of Each Disbursement this Period 575.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |

SUBTOTAL of Disbursements This Page (optional)

1804.05

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | | |
|-----------|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Cathy Weber Mailing Address 50 Daisy St. City New Haven State CT Zip Code 06511- Purpose of Disbursement Petty Cash Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90331.E9391 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9 | Amount of Each Disbursement this Period 148.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PETTY CASH |
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 15041 City Worcester State MA Zip Code 01615- Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9384 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9 | Amount of Each Disbursement this Period 343.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
| C. | Full Name (Last, First, Middle Initial) Mastercard Mailing Address 224 Dixwell Ave City New Haven State CT Zip Code 06511-3416 Purpose of Disbursement Credit Card: See below Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9374 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 9 | Amount of Each Disbursement this Period 205.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD:SEE BELOW |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 696.80 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Nerds To Go | Transaction ID: 90313.E9375 Date of Disbursement 02 / 25 / 2009 |
| | Mailing Address 501 Boston Post Rd Ste 19 | Amount of Each Disbursement this Period 205.11 |
| | City Orange State CT Zip Code 06477- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Computer Repair | [MEMO ITEM] MEMO: COMPUTER REPAIR |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Yasmine Zamani | Transaction ID: 90225.E9312 Date of Disbursement 02 / 03 / 2009 |
| | Mailing Address 1700 Kalorama Rd NW #406 | Amount of Each Disbursement this Period 24.50 |
| | City Washington State DC Zip Code 20009- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Travel | TRAVEL |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Sage American Grill | Transaction ID: 90313.E9381 Date of Disbursement 02 / 27 / 2009 |
| | Mailing Address 100 South Water St | Amount of Each Disbursement this Period 1373.25 |
| | City New Haven State CT Zip Code 06519- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Catering | CATERING |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1397.75

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Citizens Bank Mailing Address 209 Church Street City New Haven State CT Zip Code 06511- Purpose of Disbursement Federal Withholding Tax Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90331.E9403 Date of Disbursement 03 / 16 / 2009 Amount of Each Disbursement this Period 3750.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEDERAL WITHHOLDING TAX |
| B. | Full Name (Last, First, Middle Initial) Charles Swirsky Mailing Address 797 Orange St City New Haven State CT Zip Code 06511- Purpose of Disbursement Payroll Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90225.E9339 Date of Disbursement 01 / 16 / 2009 Amount of Each Disbursement this Period 1893.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |
| C. | Full Name (Last, First, Middle Initial) Yasmine Zamani Mailing Address 1700 Kalorama Rd NW #406 City Washington State DC Zip Code 20009- Purpose of Disbursement Payroll Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90331.E9399 Date of Disbursement 03 / 16 / 2009 Amount of Each Disbursement this Period 1405.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |

| | |
|--|----------------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7050.31 |
| TOTAL This Period (last page this line number only) ▶ | <input type="text"/> |

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 15041

City Worcester State MA Zip Code 01615-

Purpose of Disbursement Telephone

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90331.E9398
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 0 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 101.90 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

B.

Full Name (Last, First, Middle Initial)
Docuprint & Imaging

Mailing Address 27 Whitney Avenue

City New Haven State CT Zip Code 06510-

Purpose of Disbursement Printing

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90331.E9395
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 0 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 361.99 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PRINTING

C.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 80 Boston Post Road

City Orange State CT Zip Code 06477-

Purpose of Disbursement Office Supplies

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90401.E9422
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 3 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|-------|
| 47.57 |
|-------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

| |
|--------|
| 511.46 |
|--------|

TOTAL This Period (last page this line number only)

| |
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|--|

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 49 / 77

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 1270</p> <p>City Newark State NJ Zip Code 07101-</p> <p>Purpose of Disbursement Credit Card: see below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9321 Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1223.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD:SEE BELOW</p> |
| <p>B. Full Name (Last, First, Middle Initial) Capitol Host Caterer</p> <p>Mailing Address Rayburn House Office Bldg 339B</p> <p>City Washington State DC Zip Code 20515-</p> <p>Purpose of Disbursement Caterer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9322 Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1223.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: CATERER</p> |
| <p>C. Full Name (Last, First, Middle Initial) Myers Flower Shops</p> <p>Mailing Address 1008 Main Street</p> <p>City Branford State CT Zip Code 06405-</p> <p>Purpose of Disbursement Flowers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90313.E9356 Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 382.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FLOWERS</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

1605.69

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Cathy Weber</p> <p>Mailing Address 50 Daisy St.</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90331.E9387 Date of Disbursement 03 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 543.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p> |
| <p>B. Full Name (Last, First, Middle Initial) Charles Swirsky</p> <p>Mailing Address 797 Orange St</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9351 Date of Disbursement 02 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1893.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p> |
| <p>C. Full Name (Last, First, Middle Initial) Cathy Weber</p> <p>Mailing Address 50 Daisy St.</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90106.E9301 Date of Disbursement 01 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 587.63</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

3024.72

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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------------|-------------|--------------------|-------------------------------------|----------------------|----------------------|----------------|---|-------------------|---|--|--|-----------------------------------|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| A. | Full Name (Last, First, Middle Initial) Lock Tight Self Storage, LLC <hr/> Mailing Address 785 Sherman Ave <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Hamden</td> <td style="width: 17%;">State CT</td> <td style="width: 50%;">Zip Code 06518-</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Storage</td> <td style="width: 5%;"><input type="text"/></td> <td style="width: 45%;"><input type="text"/></td> </tr> <tr> <td colspan="2">Candidate Name</td> <td>Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 34%;"></td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table> | City Hamden | State CT | Zip Code 06518- | Purpose of Disbursement Storage | <input type="text"/> | <input type="text"/> | 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: | | | Transaction ID: 90106.E9304 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">105.98</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 0 | 1 | | 2 | 0 | 0 | 9 | 105.98 |
| City Hamden | State CT | Zip Code 06518- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Storage | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105.98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Ninety One Diner <hr/> Mailing Address 420 Middletown Ave <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City New Haven</td> <td style="width: 17%;">State CT</td> <td style="width: 50%;">Zip Code 06513-</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Caterers</td> <td style="width: 5%;"><input type="text"/></td> <td style="width: 45%;"><input type="text"/></td> </tr> <tr> <td colspan="2">Candidate Name</td> <td>Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 34%;"></td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table> | City New Haven | State CT | Zip Code 06513- | Purpose of Disbursement Caterers | <input type="text"/> | <input type="text"/> | 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: | | | Transaction ID: 90331.E9411 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">507.23</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERERS | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | | 3 | 0 | | 2 | 0 | 0 | 9 | 507.23 |
| City New Haven | State CT | Zip Code 06513- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Caterers | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 3 | | 3 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 507.23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Citizens Bank <hr/> Mailing Address 209 Church Street <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City New Haven</td> <td style="width: 17%;">State CT</td> <td style="width: 50%;">Zip Code 06511-</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Purpose of Disbursement Bank Fee</td> <td style="width: 5%;"><input type="text"/></td> <td style="width: 45%;"><input type="text"/></td> </tr> <tr> <td colspan="2">Candidate Name</td> <td>Category/ Type</td> </tr> </table> <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td style="width: 33%;">Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> <td style="width: 34%;"></td> </tr> <tr> <td>State: District:</td> <td colspan="2"></td> </tr> </table> | City New Haven | State CT | Zip Code 06511- | Purpose of Disbursement Bank Fee | <input type="text"/> | <input type="text"/> | 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: | | | Transaction ID: 90225.E9354 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">25.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BANK FEE | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 9 | 25.00 |
| City New Haven | State CT | Zip Code 06511- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Bank Fee | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 1 | | 3 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional) ►

638.21

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Phoenix Park Hotel Mailing Address 520 N Capitol St NW City Washington State DC Zip Code 20001-1510 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90331.E9414 Date of Disbursement 03 / 05 / 2009 Amount of Each Disbursement this Period 1076.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING |
| B. | Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9372 Date of Disbursement 02 / 19 / 2009 Amount of Each Disbursement this Period 11.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY |
| C. | Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9345 Date of Disbursement 01 / 17 / 2009 Amount of Each Disbursement this Period 29.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY |

SUBTOTAL of Disbursements This Page (optional) ▶

1116.84

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) David M. Grant Caterers Mailing Address 458 River Rd City Shelton State CT Zip Code 06484- Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9360 Date of Disbursement 02 / 13 / 2009 Amount of Each Disbursement this Period 298.76 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING |
| B. | Full Name (Last, First, Middle Initial) Gaylord Bourne Mailing Address 25 Roydon Rd City New Haven State CT Zip Code 06511-2806 Purpose of Disbursement Accounting Services Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9386 Date of Disbursement 03 / 05 / 2009 Amount of Each Disbursement this Period 1140.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 ACCOUNTING SERVICES |
| C. | Full Name (Last, First, Middle Initial) Yasmine Zamani Mailing Address 1700 Kalorama Rd NW #406 City Washington State DC Zip Code 20009- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9341 Date of Disbursement 01 / 16 / 2009 Amount of Each Disbursement this Period 1405.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 2844.65 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) The Hartford | Transaction ID: 90331.E9397 Date of Disbursement 03 / 10 / 2009 |
| | Mailing Address P.O. Box 2907 | Amount of Each Disbursement this Period 124.12 |
| | City Hartford State CT Zip Code 06104-2907 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Insurance Candidate Name | INSURANCE |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Yasmine Zamani | Transaction ID: 90106.E9276 Date of Disbursement 01 / 01 / 2009 |
| | Mailing Address 1700 Kalorama Rd NW #406 | Amount of Each Disbursement this Period 1689.34 |
| | City Washington State DC Zip Code 20009- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corp | Transaction ID: 90106.E9302 Date of Disbursement 01 / 01 / 2009 |
| | Mailing Address 12 Trumbull St 1st Fl | Amount of Each Disbursement this Period 562.50 |
| | City New Haven State CT Zip Code 06511- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Rent Candidate Name | RENT |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2375.96 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Twelve Trumbull Street Corp <hr/> Mailing Address 12 Trumbull St 1st Fl <hr/> City New Haven State CT Zip Code 06511- <hr/> Purpose of Disbursement Rent Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9315 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 562.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RENT |
| B. | Full Name (Last, First, Middle Initial) Charles Swirsky <hr/> Mailing Address 797 Orange St <hr/> City New Haven State CT Zip Code 06511- <hr/> Purpose of Disbursement Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90331.E9393 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 97.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL |
| C. | Full Name (Last, First, Middle Initial) U.S. Postmaster <hr/> Mailing Address Brewery Street <hr/> City New Haven State CT Zip Code 06511- <hr/> Purpose of Disbursement Postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9385 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 84.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 POSTAGE |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 744.47 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
David L. Andrukitis, Inc.

Transaction ID: 90225.E9332
Date of Disbursement

Mailing Address 50 E Street, SE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 2 | | 2 | 0 | 0 | 9 |

City Washington State DC Zip Code 20003-

Amount of Each Disbursement this Period

| |
|--------|
| 719.89 |
|--------|

Purpose of Disbursement
Printing

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PRINTING

State: District:

B.

Full Name (Last, First, Middle Initial)
D.C. Treasurer

Transaction ID: 90313.E9366
Date of Disbursement

Mailing Address Office of Tax & Revenue Services
941 N. Capitol Street, NE

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 6 | | 2 | 0 | 0 | 9 |

City Washington State DC Zip Code 20002-

Amount of Each Disbursement this Period

| |
|--------|
| 344.47 |
|--------|

Purpose of Disbursement
D.C. Withholding Tax

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

D.C. WITHHOLDING TAX

State: District:

C.

Full Name (Last, First, Middle Initial)
Citizens Bank

Transaction ID: 90225.E9353
Date of Disbursement

Mailing Address 209 Church Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 2 | | 2 | 0 | 0 | 9 |

City New Haven State CT Zip Code 06511-

Amount of Each Disbursement this Period

| |
|-------|
| 10.00 |
|-------|

Purpose of Disbursement
Bank Fee

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

BANK FEE

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1074.36 |
|---------|

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Kingsmill Resort</p> <p>Mailing Address 1010 Kingsmill Road</p> <p>City Williamsburg State VA Zip Code 23185-</p> <p>Purpose of Disbursement Conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9346 Date of Disbursement 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONFERENCE</p> |
| <p>B. Full Name (Last, First, Middle Initial) Fraioli & Associates</p> <p>Mailing Address 80 F St Ste 804</p> <p>City Washington State DC Zip Code 20001-1528</p> <p>Purpose of Disbursement Fundraising Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9325 Date of Disbursement 01 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FUNDRAISING FEE</p> |
| <p>C. Full Name (Last, First, Middle Initial) Charles Swirsky</p> <p>Mailing Address 797 Orange St</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9330 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 52.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TRAVEL</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4302.55

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)

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|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) The Hartford | Transaction ID: 90313.E9357 Date of Disbursement 02 / 10 / 2009 |
| | Mailing Address P.O. Box 2907 | Amount of Each Disbursement this Period 124.12 |
| | City Hartford State CT Zip Code 06104-2907 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Insurance Candidate Name | INSURANCE |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Charles Swirsky | Transaction ID: 90313.E9377 Date of Disbursement 03 / 01 / 2009 |
| | Mailing Address 797 Orange St | Amount of Each Disbursement this Period 1893.73 |
| | City New Haven State CT Zip Code 06511- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Charles Swirsky | Transaction ID: 90106.E9300 Date of Disbursement 01 / 01 / 2009 |
| | Mailing Address 797 Orange St | Amount of Each Disbursement this Period 1893.73 |
| | City New Haven State CT Zip Code 06511- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | PAYROLL |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

3911.58

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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Yasmine Zamani <hr/> Mailing Address 1700 Kalorama Rd NW #406 <hr/> City Washington State DC Zip Code 20009- <hr/> Purpose of Disbursement Travel Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90401.E9424 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 405.70 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TRAVEL |
| B. | Full Name (Last, First, Middle Initial) United Parcel Service <hr/> Mailing Address P.O. Box 7247-0244 <hr/> City Philadelphia State PA Zip Code 19170-0001 <hr/> Purpose of Disbursement Delivery Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90331.E9412 Date of Disbursement 03 / 18 / 2009 <hr/> Amount of Each Disbursement this Period 30.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY |
| C. | Full Name (Last, First, Middle Initial) Commissioner of Revenue Services <hr/> Mailing Address PO Box 2931 <hr/> City Hartford State CT Zip Code 06104-2931 <hr/> Purpose of Disbursement Ct Withholding Tax Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: 90313.E9365 Date of Disbursement 02 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 335.38 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CT WITHHOLDING TAX |

SUBTOTAL of Disbursements This Page (optional) ▶

771.42

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) AT&T | Transaction ID: 90313.E9355 Date of Disbursement 02 / 10 / 2009 |
| | Mailing Address PO Box 8110 | Amount of Each Disbursement this Period 190.26 |
| | City Aurora State IL Zip Code 60507-8110 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Telephone Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | TELEPHONE |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Cathy Weber | Transaction ID: 90225.E9338 Date of Disbursement 01 / 16 / 2009 |
| | Mailing Address 50 Daisy St. | Amount of Each Disbursement this Period 514.92 |
| | City New Haven State CT Zip Code 06511- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Anthem BC/BS | Transaction ID: 90331.E9407 Date of Disbursement 03 / 16 / 2009 |
| | Mailing Address P.O. Box 739 | Amount of Each Disbursement this Period 449.98 |
| | City Lewiston State ME Zip Code 04243- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Health Insurance Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | HEALTH INSURANCE |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1155.16 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Bar Mailing Address 254 Crown Street City New Haven State CT Zip Code 06511- Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9380 Date of Disbursement 02 / 26 / 2009 Amount of Each Disbursement this Period 346.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING |
| B. | Full Name (Last, First, Middle Initial) Perkins Coie Mailing Address 607 Fourteenth Street, NW City Washington State DC Zip Code 20005- Purpose of Disbursement Legal Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9333 Date of Disbursement 01 / 12 / 2009 Amount of Each Disbursement this Period 1125.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 LEGAL FEES |
| C. | Full Name (Last, First, Middle Initial) The Hartford Mailing Address P.O. Box 2907 City Hartford State CT Zip Code 06104-2907 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9337 Date of Disbursement 01 / 12 / 2009 Amount of Each Disbursement this Period 124.12 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INSURANCE |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 1595.83 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Cathy Weber</p> <p>Mailing Address 50 Daisy St.</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement Petty Cash</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90331.E9392</p> <p>Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 142.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PETTY CASH</p> |
| <p>B. Full Name (Last, First, Middle Initial) U.S. Postmaster</p> <p>Mailing Address Brewery Street</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9348</p> <p>Date of Disbursement 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 126.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>POSTAGE</p> |
| <p>C. Full Name (Last, First, Middle Initial) Commissioner of Revenue Services</p> <p>Mailing Address PO Box 2931</p> <p>City Hartford State CT Zip Code 06104-2931</p> <p>Purpose of Disbursement CT Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90331.E9404</p> <p>Date of Disbursement 03 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 315.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CT WITHHOLDING TAX</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

583.60

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Mastercard | Transaction ID: 90401.E9427 Date of Disbursement 02 / 25 / 2009 |
| | Mailing Address 224 Dixwell Ave | Amount of Each Disbursement this Period 794.60 |
| | City New Haven State CT Zip Code 06511-3416 | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Credit Card:see below | CREDIT CARD:SEE BELOW |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Posto | Transaction ID: 90401.E9428 Date of Disbursement 02 / 25 / 2009 |
| | Mailing Address 1515 14th St NW | Amount of Each Disbursement this Period 794.60 |
| | City Washington State DC Zip Code 20005- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Catering | [MEMO ITEM] MEMO: CATERING |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Lock Tight Self Storage, LLC | Transaction ID: 90225.E9314 Date of Disbursement 02 / 03 / 2009 |
| | Mailing Address 785 Sherman Ave | Amount of Each Disbursement this Period 105.98 |
| | City Hamden State CT Zip Code 06518- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Storage | STORAGE |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 900.58 |
| 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)

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|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) U.S. Postmaster</p> <p>Mailing Address Brewery Street</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9352 Date of Disbursement 01 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 42.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>POSTAGE</p> |
| <p>B. Full Name (Last, First, Middle Initial) Commissioner of Revenue Services</p> <p>Mailing Address PO Box 2931</p> <p>City Hartford State CT Zip Code 06104-2931</p> <p>Purpose of Disbursement CT Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9343 Date of Disbursement 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 360.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CT WITHHOLDING TAX</p> |
| <p>C. Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 15041</p> <p>City Worcester State MA Zip Code 01615-</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9317 Date of Disbursement 02 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 251.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

654.33

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Geraldine Colavolpe

Mailing Address 69 Northford Road

City Branford State CT Zip Code 06405-

Purpose of Disbursement
Food for Fundraiser

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90331.C25299IK
Date of Disbursement

03 / 22 / 2009

Amount of Each Disbursement this Period

2356.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

IN KIND: FOOD FOR FUNDRAISER

B.

Full Name (Last, First, Middle Initial)
Yasmine Zamani

Mailing Address 1700 Kalorama Rd NW #406

City Washington State DC Zip Code 20009-

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90313.E9359
Date of Disbursement

02 / 16 / 2009

Amount of Each Disbursement this Period

1405.89

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

C.

Full Name (Last, First, Middle Initial)
Schneiders of Capitol Hill

Mailing Address 300 Massachusetts Ave, NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Gifts to Supporters

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 90313.E9370
Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

65.38

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

GIFTS TO SUPPORTERS

SUBTOTAL of Disbursements This Page (optional) ▶

3827.27

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Twelve Trumbull Street Corp

Mailing Address 12 Trumbull St 1st Fl

City State Zip Code
New Haven CT 06511-

Purpose of Disbursement
Rent

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90313.E9379
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 1 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 562.50 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RENT

B.

Full Name (Last, First, Middle Initial)
D.C. Treasurer

Mailing Address Office of Tax & Revenue Services
941 N. Capitol Street, NE

City State Zip Code
Washington DC 20002-

Purpose of Disbursement
D.C. Withholding Tax

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90331.E9405
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 6 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 344.47 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

D.C. WITHHOLDING TAX

C.

Full Name (Last, First, Middle Initial)
Anthem BC/BS

Mailing Address P.O. Box 739

City State Zip Code
Lewiston ME 04243-

Purpose of Disbursement
Health Insurance

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90225.E9327
Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 2 | | 2 | 0 | 0 | 9 |

Amount of Each Disbursement this Period

| |
|--------|
| 224.99 |
|--------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

HEALTH INSURANCE

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1131.96 |
|---------|

TOTAL This Period (last page this line number only)

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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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Cathy Weber Mailing Address 50 Daisy St. City New Haven State CT Zip Code 06511- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9350 Date of Disbursement 02 / 01 / 2009 Amount of Each Disbursement this Period 720.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |
| B. | Full Name (Last, First, Middle Initial) United Parcel Service Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement Delivery Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9316 Date of Disbursement 02 / 03 / 2009 Amount of Each Disbursement this Period 21.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY |
| C. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 15041 City Worcester State MA Zip Code 01615- Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9320 Date of Disbursement 02 / 04 / 2009 Amount of Each Disbursement this Period 101.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 844.10 |
| TOTAL 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Fraioli & Associates

Transaction ID: 90225.E9311
Date of Disbursement

Mailing Address 80 F St Ste 804

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 3 | | 2 | 0 | 0 | 9 |

City Washington State DC Zip Code 20001-1528

Amount of Each Disbursement this Period

| |
|---------|
| 3000.00 |
|---------|

Purpose of Disbursement

Fundraising Fee

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FUNDRAISING FEE

State: District:

B.

Full Name (Last, First, Middle Initial)
Kingsmill Resort

Transaction ID: 90225.E9349
Date of Disbursement

Mailing Address 1010 Kingsmill Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 2 | 9 | | 2 | 0 | 0 | 9 |

City Williamsburg State VA Zip Code 23185-

Amount of Each Disbursement this Period

| |
|--------|
| 975.00 |
|--------|

Purpose of Disbursement

Conference

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CONFERENCE

State: District:

C.

Full Name (Last, First, Middle Initial)
Charles Swirsky

Transaction ID: 90313.E9358
Date of Disbursement

Mailing Address 797 Orange St

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 6 | | 2 | 0 | 0 | 9 |

City New Haven State CT Zip Code 06511-

Amount of Each Disbursement this Period

| |
|---------|
| 1893.73 |
|---------|

Purpose of Disbursement

Payroll

| |
|-------------------|
| Category/ Type |
|-------------------|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

PAYROLL

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 5868.73 |
|---------|

TOTAL This Period (last page this line number only)

| |
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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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Kingsmill Resort</p> <p>Mailing Address 1010 Kingsmill Road</p> <p>City Williamsburg State VA Zip Code 23185-</p> <p>Purpose of Disbursement Conference</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9347</p> <p>Date of Disbursement 01 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 975.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CONFERENCE</p> |
| <p>B. Full Name (Last, First, Middle Initial) United Parcel Service</p> <p>Mailing Address P.O. Box 7247-0244</p> <p>City Philadelphia State PA Zip Code 19170-0001</p> <p>Purpose of Disbursement Delivery</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90106.E9305</p> <p>Date of Disbursement 01 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 20.62</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>DELIVERY</p> |
| <p>C. Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement Federal Withholding Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9342</p> <p>Date of Disbursement 01 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 3871.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FEDERAL WITHHOLDING TAX</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4866.97

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 1270</p> <p>City Newark State NJ Zip Code 07101-</p> <p>Purpose of Disbursement Credit Card: See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90331.E9388 Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 222.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>CREDIT CARD: SEE BELOW</p> |
| <p>B. Full Name (Last, First, Middle Initial) Gift Shop</p> <p>Mailing Address Longworth Bldg</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement Gifts to Supporters</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90331.E9389 Date of Disbursement 03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 222.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: GIFTS TO SUPPORTERS</p> |
| <p>C. Full Name (Last, First, Middle Initial) AT&T</p> <p>Mailing Address PO Box 8110</p> <p>City Aurora State IL Zip Code 60507-8110</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90225.E9328 Date of Disbursement 01 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 190.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

412.61

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) Yasmine Zamani | Transaction ID: 90313.E9373 Date of Disbursement 03 / 01 / 2009 |
| | Mailing Address 1700 Kalorama Rd NW #406 | Amount of Each Disbursement this Period 1689.34 |
| | City Washington State DC Zip Code 20009- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Andrew Quinn | Transaction ID: 90331.C25298IK Date of Disbursement 03 / 27 / 2009 |
| | Mailing Address 1501 M Street ste 450 | Amount of Each Disbursement this Period 243.00 |
| | City Washington State DC Zip Code 20005- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Mailing for Fundraiser Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | IN KIND: MAILING FOR FUND-RAISER |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Charles Swirsky | Transaction ID: 90331.E9401 Date of Disbursement 03 / 16 / 2009 |
| | Mailing Address 797 Orange St | Amount of Each Disbursement this Period 1893.73 |
| | City New Haven State CT Zip Code 06511- | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| | Purpose of Disbursement Payroll Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | | PAYROLL |

| | | |
|--|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 3826.07 |
| 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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Columbia Florist

Mailing Address 534 23rd St NW

City Washington State DC Zip Code 20037-2824

Purpose of Disbursement
Flowers

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90225.E9324
Date of Disbursement

01 / 07 / 2009

Amount of Each Disbursement this Period

121.61

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FLOWERS

B.

Full Name (Last, First, Middle Initial)
Citizens Bank

Mailing Address 209 Church Street

City New Haven State CT Zip Code 06511-

Purpose of Disbursement
Federal Withholding Tax

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90313.E9364
Date of Disbursement

02 / 16 / 2009

Amount of Each Disbursement this Period

3811.85

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FEDERAL WITHHOLDING TAX

C.

Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address P.O. Box 17577

City Baltimore State MD Zip Code 21297-0513

Purpose of Disbursement
Telephone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90401.E9423
Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

364.08

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶

4297.54

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)

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | | |
|-----------|--|---|---|
| A. | Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 8110 City Aurora State IL Zip Code 60507-8110 Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90331.E9390 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9 | Amount of Each Disbursement this Period 190.21 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
| B. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 15041 City Worcester State MA Zip Code 01615- Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9318 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9 | Amount of Each Disbursement this Period 182.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
| C. | Full Name (Last, First, Middle Initial) The Mohegan Mailing Address 5 Crow Hill Road City Uncasville State CT Zip Code 06382- Purpose of Disbursement Telephone Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9369 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 0 9 | Amount of Each Disbursement this Period 16.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING |

SUBTOTAL of Disbursements This Page (optional) ▶

389.83

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

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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)

| | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 17 | <input type="checkbox"/> | 18 | <input type="checkbox"/> | 19a | <input type="checkbox"/> | 19b |
| <input type="checkbox"/> | 20a | <input type="checkbox"/> | 20b | <input type="checkbox"/> | 20c | <input type="checkbox"/> | 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Myers Flower Shops

Transaction ID: 90313.E9383
Date of Disbursement

Mailing Address 1008 Main Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 5 | | 2 | 0 | 0 | 9 |

City Branford State CT Zip Code 06405-

Amount of Each Disbursement this Period

| |
|--------|
| 562.73 |
|--------|

Purpose of Disbursement
Flowers

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FLOWERS

State: District:

B.

Full Name (Last, First, Middle Initial)
Fraioli & Associates

Transaction ID: 90331.E9396
Date of Disbursement

Mailing Address 80 F St Ste 804

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 0 | | 2 | 0 | 0 | 9 |

City Washington State DC Zip Code 20001-1528

Amount of Each Disbursement this Period

| |
|---------|
| 3013.80 |
|---------|

Purpose of Disbursement
Fundraising Fee & Expenses

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

FUNDRAISING FEE & EXPENSES

State: District:

C.

Full Name (Last, First, Middle Initial)
The Mohegan

Transaction ID: 90401.E9426
Date of Disbursement

Mailing Address 5 Crow Hill Road

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 9 |

City Uncasville State CT Zip Code 06382-

Amount of Each Disbursement this Period

| |
|---------|
| 4800.00 |
|---------|

Purpose of Disbursement
Catering

| |
|--|
| |
|--|

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

CATERING

State: District:

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 8376.53 |
|---------|

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 75 / 77

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | | | |
|-----------|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address P.O. Box 15041 City Worcester State MA Zip Code 01615- Purpose of Disbursement Telephone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90225.E9326 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 7 / 2 0 0 9 | Amount of Each Disbursement this Period 102.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 TELEPHONE |
| B. | Full Name (Last, First, Middle Initial) Lock Tight Self Storage, LLC Mailing Address 785 Sherman Ave City Hamden State CT Zip Code 06518- Purpose of Disbursement Storage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90313.E9378 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 9 | Amount of Each Disbursement this Period 105.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STORAGE |
| C. | Full Name (Last, First, Middle Initial) Cathy Weber Mailing Address 50 Daisy St. City New Haven State CT Zip Code 06511- Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 90331.E9402 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 0 9 | Amount of Each Disbursement this Period 579.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL |

SUBTOTAL of Disbursements This Page (optional) ▶

787.54

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

80076.99

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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) DCCC</p> <p>Mailing Address 430 S. Capitol St., S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement EXCESS CAMPAIGN FUNDS</p> <p>Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2010</p> | <p>Transaction ID: 90331.E9410 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 25000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>B. Full Name (Last, First, Middle Initial) Driehaus for Congress</p> <p>Mailing Address 501 Capitol Ct NE ste 100</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name STEVEN L DRIEHAUS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 90331.E9416 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p>C. Full Name (Last, First, Middle Initial) Jim Himes for Congress</p> <p>Mailing Address 65 High Ridge Rd Box 456</p> <p>City Stamford State CT Zip Code 06905-</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name JIM HIMES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2010</p> | <p>Transaction ID: 90331.E9408 Date of Disbursement 03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | 27000.00 |
| 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)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input checked="" type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A.

Full Name (Last, First, Middle Initial)
Paul Hodes for Senate

Transaction ID: 90331.E9409
Date of Disbursement

Mailing Address 26 South Main St #253

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 0 | | 2 | 0 | 0 | 9 |

City State Zip Code
Concord NH 03301-

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
PAUL W HODES

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NH District: 02

B.

Full Name (Last, First, Middle Initial)
Frank Kratovil for Congress

Transaction ID: 90331.E9415
Date of Disbursement

Mailing Address 222 Mainn Sail Dr

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 0 | 9 |

City State Zip Code
Stevensville MD 21666-

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
FRANK M KRATOVIL, JR

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 01

C.

Full Name (Last, First, Middle Initial)
Scott Murphy for Congress

Transaction ID: 90313.E9371
Date of Disbursement

Mailing Address 3 Warren St

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 9 | | 2 | 0 | 0 | 9 |

City State Zip Code
Glens Falls NY 12801-

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
CONTRIBUTION

Category/
Type

Candidate Name
SCOTT H MURPHY

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
Special Election

State: NY District: 20

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 3000.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|----------|
| 30000.00 |
|----------|