

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

2 / 107

Write or Type Committee Name

Friends of Rosa DeLauro

Report Covering the Period:

From:

M M 1 0 D D 1 4 Y Y Y Y 2 0 1 0

To:

M M 1 1 D D 2 2 Y Y Y Y 2 0 1 0

	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)).....	147294.08	1306641.46
(b) Total Contribution Refunds (from Line 20(d)).....	4250.00	9250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	143044.08	1297391.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	71205.71	769781.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	196.75	1703.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	71008.96	768078.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	28982.10	
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

POST-ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Friends of Rosa DeLauro

Report Covering the Period: From: To:

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> <input type="text" value="02"/> <input type="text" value="2010"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> <input type="text" value="03"/> <input type="text" value="2010"/> (date after general election) through <input type="text" value="11"/> <input type="text" value="22"/> <input type="text" value="2010"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM: (a) Individuals/Persons Other than Political Committees (i) Itemized (Use Schedule A)		
<input type="text" value="80705.08"/>	<input type="text" value="470673.88"/>	<input type="text" value="4900.00"/>
(ii) Unitemized		
<input type="text" value="12989.00"/>	<input type="text" value="78236.14"/>	<input type="text" value="330.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="93694.08"/>	<input type="text" value="548910.02"/>	<input type="text" value="5230.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="13.08"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="53600.00"/>	<input type="text" value="757718.36"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED
SUMMARY PAGE
Report of Receipts and Disbursements**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general Election) (* See page 5 for date)	COLUMN C Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
147294.08	1306641.46	5230.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
196.75	1703.44	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
147490.83	1308344.90	5230.00

POST ELECTION DETAILED SUMMARY PAGE

Write or Type Committe Name

Friends of Rosa DeLauro

Report the covering period

From:

10

14

2010

To:

11

22

2010

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
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17. OPERATING EXPENDITURES

71205.71

769781.90

29695.38

18. TRANSFER TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

0.00

19. LOAN PAYMENTS

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

0.00

(b) Of All Other Loans

0.00

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

2750.00

2750.00

0.00

(b) Political Party Committees

0.00

0.00

0.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
(c) Other political committees (such as PACs)		
1500.00	6500.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c))		
4250.00	9250.00	0.00
21. OTHER DISBURSEMENTS		
121500.00	588993.28	0.00
22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)		
196955.71	1368025.18	29695.38

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

143044.08	1297391.46	5230.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

71008.96	768078.46	29695.38
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	78446.98
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	147490.83
25. SUBTOTAL(add Line 23 and Line 24)	225937.81
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	196955.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	28982.10

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 107
(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)
Mr. Coy Angelo

Mailing Address 7 Laurel Ridge Road

City State Zip Code
Guilford CT 06437

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

Name of Employer Gateway Terminals Occupation Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: A-C37196

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr Stephen M Coan

Mailing Address 4 Fallon Road

City State Zip Code
Pawcatuck CT 06379-2444

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

Name of Employer Sea Research Foundation Occupation President & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: A-C37189

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr Martin Gavin

Mailing Address 2 Saddle Crossing

City State Zip Code
Avon CT 06001-3911

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

Name of Employer CT Children Medical Ctr Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	1	0

Transaction ID: A-C37194

Amount of Each Receipt this Period
500.00

Contribution

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 8 / 107
(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

<p>A. Full Name (Last, First, Middle Initial) Ms Regina Glankoff</p> <p>Mailing Address 149 Diamond Hill Road</p> <p>City State Zip Code <u>Ashaway</u> RI 02804-1103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sea Research Foundation Sr VP</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0</p> <p>Transaction ID: A-C37188</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr Elliot Joseph</p> <p>Mailing Address 3 Sunningdale</p> <p>City State Zip Code <u>Farmington</u> CT 06032-1460</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Hartford Healthcare CEO</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0</p> <p>Transaction ID: A-C37186</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Stephen Kinney</p> <p>Mailing Address 20 Cromwell Place</p> <p>City State Zip Code <u>Old Saybrook</u> CT 06475</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Gaffney, Bennett & Assoc attorney</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0</p> <p>Transaction ID: A-C37192</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
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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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 9 / 107
	(check only one)	
	<input checked="" 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) Ms Katherine McCue	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 157 Bradford Walk	Transaction ID: A-C37183
	City State Zip Code New Britain CT 06053-1073	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer McCue Mortgage Occupation VP Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. William McCue	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 140 Elbridge Road	Transaction ID: A-C37191
	City State Zip Code New Britain CT 06052	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer The McCue Mortgage Company Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Patrick McGloin	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 89 Lancaster Rd	Transaction ID: A-C37182
	City State Zip Code W Hartford CT 06119	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Gaffney, Bennett & Assoc Occupation associate Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 / 107
	(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) Mr Mark A Simiola	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 41 Sterling Hill Road	Transaction ID: A-C37197
	City State Zip Code Lyme CT 06371-3304	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Port Services Occupation Manager Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Lawrence Smith	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address Gateway Terminal 400 Waterfront Street	Transaction ID: A-C37195
	City State Zip Code East Haven CT 06512	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Gateway Terminals Occupation President Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Ms. Ann Taylor	Date of Receipt MM / DD / YYYY 10 / 14 / 2010
	Mailing Address 7 Clover Lane	Transaction ID: A-C37190
	City State Zip Code Weatogue CT 06089	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer CT Childrens Medical Ctr Occupation attorney Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

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 11 / 107
	(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) Mr. Joseph Tiroletto	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Mailing Address 8 Crestview Circle	Transaction ID: A-C37193
	City State Zip Code Enfield CT 06082	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Gateway Terminals Occupation CPA Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Donald Weinbach	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 1 0
	Mailing Address 63 Serafin Court	Transaction ID: A-C37185
	City State Zip Code Hamden CT 06518	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Quinnipiac University Occupation VP for Developm't & Alumni Aff Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Mr. James Ezzes	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 1 0
	Mailing Address 31 Prospect Rd	Transaction ID: A-C37345
	City State Zip Code Westport CT 06880	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Soundview Builders Occupation General Contractor Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 450.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 107
(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)
Ms. Ellen Lautenberg

Mailing Address 74 Regents Park

City State Zip Code
Westport CT 06880-5532

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

Name of Employer None Occupation None

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: A-C37342
 Amount of Each Receipt this Period: 250.00
 Contribution

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

Mailing Address 191 Smith Ridge Road

City State Zip Code
New Canaan CT 06840-3620

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

Name of Employer none Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: A-C37344
 Amount of Each Receipt this Period: 500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
The Hon. Charlotte Suhler

Mailing Address 188 Long Neck Point Road

City State Zip Code
Darien CT 06820

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

Name of Employer self-employed Occupation Home Renovator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: A-C37347
 Amount of Each Receipt this Period: 1000.00
 Contribution

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)
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FOR LINE NUMBER: PAGE 13 / 107

(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)
Mr. Richard Treibick

Mailing Address 21 Topping Road

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Alexcom, Inc. executive

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: A-C37340

Amount of Each Receipt this Period

2400.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mr John Anderson

Mailing Address 45 Everit Street

City State Zip Code
New Haven CT 06511

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

Name of Employer Occupation
self Psychologist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 1 0

Transaction ID: A-C37352

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms. Walter Fulton

Mailing Address 164 R Skeet Club Rd

City State Zip Code
Durham CT 06422

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

Name of Employer Occupation
DMLPS CPA

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 1 0

Transaction ID: A-C37358

Amount of Each Receipt this Period

50.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2700.00

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 14 / 107
(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)
Ms Elizabeth Gilson

Mailing Address 41 Mill Rock Road

City Hamden State CT Zip Code 06517

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

Name of Employer self Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2010
Transaction ID: A-C37372
 Amount of Each Receipt this Period: 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Ms Jennifer Jackson

Mailing Address 110Barnes Rd

City Wallingford State CT Zip Code 06492

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

Name of Employer CT Hospital Assoc Occupation President & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 10 / 16 / 2010
Transaction ID: A-C37373
 Amount of Each Receipt this Period: 350.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Adam Mantzaris

Mailing Address 34 Academy Street

City Wallingford State CT Zip Code 06492

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

Name of Employer Town of Wallingford Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt: 10 / 16 / 2010
Transaction ID: A-C37369
 Amount of Each Receipt this Period: 150.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 15 / 107

(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

<p>A. Full Name (Last, First, Middle Initial) Ms. Laurie Stevens</p> <p>Mailing Address 164 R Skeet Club Road</p> <p>City State Zip Code Durham CT 06422</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation retired</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0</p> <p>Transaction ID: A-C37361</p> <p>Amount of Each Receipt this Period 50.00</p> <p>Contribution</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Ms. Carolyn Mugar</p> <p>Mailing Address 496 Franklin Street</p> <p>City State Zip Code Cambridge MA 02139</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Investor</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</p> <p>Transaction ID: A-C37388</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Mr. Robert Santangelo</p> <p>Mailing Address 71 Ferry Street</p> <p>City State Zip Code Middletown CT 06457-2807</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer State of CT Occupation Substance Abuse Counselor</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 260.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 1 0</p> <p>Transaction ID: A-C37408</p> <p>Amount of Each Receipt this Period 160.00</p> <p>Contribution</p>
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SUBTOTAL of Receipts This Page (optional)	1210.00
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 16 / 107
(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)
Ms. Penelope Bellamy

Mailing Address 276 Thimble Island Road

City State Zip Code
Branford CT 06405-5735

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation lawyer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3350.00

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

Transaction ID: A-C37431

Amount of Each Receipt this Period 500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Mary Jane Burt

Mailing Address 70 Gillies Road

City State Zip Code
Hamden CT 06517

FEC ID number of contributing federal political committee. C

Name of Employer H. Pearce & Company Occupation Realtor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

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

Transaction ID: A-C37438

Amount of Each Receipt this Period 100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Victor Cassella

Mailing Address 17 Seaview Avenue

City State Zip Code
Branford CT 06405-5451

FEC ID number of contributing federal political committee. C

Name of Employer American Polyfilm, Inc Occupation owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

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

Transaction ID: A-C37430

Amount of Each Receipt this Period 250.00

Contribution

SUBTOTAL of Receipts This Page (optional) 850.00

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 17 / 107

(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)
Ms. Kathryn Emmett

Mailing Address 47 Old Long Ridge Road

City State Zip Code
Stamford CT 06903

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

Name of Employer Occupation
Emmett & Glander attorney

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37391

Amount of Each Receipt this Period

1000.00

Contribution

B.

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

Mailing Address 14 Ozone Road

City State Zip Code
Branford CT 06405-5510

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

Name of Employer Occupation
None Retired

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37429

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms. Shelley Geballe

Mailing Address 19 Flying Point Road

City State Zip Code
Branford CT 06405

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

Name of Employer Occupation
Yale Lecturer

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37433

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

3500.00

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 18 / 107

(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)
Ms Joan Gillette

Mailing Address 4 Middletown Avenue

City State Zip Code
New Haven CT 06513-4835

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

Name of Employer Occupation
Gillette Auto Body Owner

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37423

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Harold Grinspoon

Mailing Address 172 Crestview Circle

City State Zip Code
Longmeadow MA 01106

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

Name of Employer Occupation
self employed Real Estate

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37437

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms Janet Hall Werner

Mailing Address 2503 Red Clover Court

City State Zip Code
Reston VA 20191-3709

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

Name of Employer Occupation
Hall Govt Relations Founder

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37421

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2250.00

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 19 / 107
(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)
Ms. Betsy Henley-Cohn

Mailing Address 84 Johnson's Point Rd

City State Zip Code
Branford CT 06405

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

Name of Employer Occupation
Joseph Cohn & Sons, Inc chairwoman

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

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

Transaction ID: A-C37432

Amount of Each Receipt this Period
2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr John Lapides

Mailing Address 217 Saint Ronan Street

City State Zip Code
New Haven CT 06511-2313

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

Name of Employer Occupation
United Aluminum Corp manufacturer

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

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

Transaction ID: A-C37427

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr Edward Moriarty

Mailing Address 196 Hartland Terrace

City State Zip Code
Kensington CT 06037-2943

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

Name of Employer Occupation
Downes Construction Consultant

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

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

Transaction ID: A-C37425

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **3250.00**

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 20 / 107
(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)
Dr. Edgardo Ragaza

Mailing Address 8 Wood Road

City Branford State CT Zip Code 06405-4936

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

Name of Employer CT Heart Group PC Occupation Cardiologist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: A-C37434
 Amount of Each Receipt this Period: 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Francine Sears

Mailing Address 51 Flying Point Road

City Branford State CT Zip Code 06405

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

Name of Employer self Occupation Designer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: A-C37435
 Amount of Each Receipt this Period: 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mr Harry Shufrin

Mailing Address 62 Angelus Drive

City Greenwich State CT Zip Code 06831-3634

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

Name of Employer Shufrin and Associates Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: A-C37393
 Amount of Each Receipt this Period: 2400.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **4400.00**

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 21 / 107

(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)
Dr. 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 self-employed Occupation
Psychologist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37389

Amount of Each Receipt this Period

200.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mr Gary Timura

Mailing Address 4 Berkshire Drive

City State Zip Code
Farmington CT 06032-2506

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

Name of Employer Downes Construction Occupation
President

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37424

Amount of Each Receipt this Period

250.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Angelo Tomasso, Jr

Mailing Address 132 Roslyn Drive

City State Zip Code
New Britain CT 06052

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

Name of Employer none Occupation
retired

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

Transaction ID: A-C37422

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1450.00

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 22 / 107
(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)
Mr. Michael Tomasso

Mailing Address One Libery Square

City State Zip Code
New Britain CT 06050

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

Name of Employer Tomasso Group Occupation chairman

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: A-C37420

Amount of Each Receipt this Period
1000.00

Contribution

Election Cycle-to-Date ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Mr David White

Mailing Address 200 Turtle Bay Drive

City State Zip Code
Branford CT 06405-4904

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

Name of Employer Universal Hotel Liquidators Occupation Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	1	0

Transaction ID: A-C37428

Amount of Each Receipt this Period
1000.00

Contribution

Election Cycle-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial)
Mr. Brendan Kennedy

Mailing Address 139 Hazelmere Road

City State Zip Code
New Britain CT 06053

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

Name of Employer Brendan J. Kennedy & Assoc Occupation consultant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	1	0

Transaction ID: A-C37445

Amount of Each Receipt this Period
250.00

Contribution

Election Cycle-to-Date ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 23 / 107
(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)
Mr. Stuart Low

Mailing Address 29 Grove Hill Road

City State Zip Code
Guilford CT 06437

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

Name of Employer none Occupation retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

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

Transaction ID: A-C37444

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Ellen Lubell

Mailing Address 200 Hollydale Road

City State Zip Code
Fairfield CT 06824-2228

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

Name of Employer self-employed Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

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

Transaction ID: A-C37443

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms Carol Anastasio

Mailing Address 494 Winthrop Avenue

City State Zip Code
New Haven CT 06511

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

Name of Employer New Haven Public Schools Occupation Social Worker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 210.00

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

Transaction ID: A-C37454

Amount of Each Receipt this Period
50.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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 24 / 107
(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)
Mr. Patrick Charmel

Mailing Address 100 West Meadow Rd

City Hamden State CT Zip Code 06518

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

Name of Employer Griffin Hospital Occupation CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt 10 / 22 / 2010
Transaction ID: A-C37475
 Amount of Each Receipt this Period 500.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert Cleto

Mailing Address 10 Tuttle Court

City Bethany State CT Zip Code 06524

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

Name of Employer City of New Haven Occupation demolition officer

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 22 / 2010
Transaction ID: A-C37455
 Amount of Each Receipt this Period 100.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Jacqueline Haines

Mailing Address 17 Jansen Lane

City North Haven State CT Zip Code 06473

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 240.00

Date of Receipt 10 / 22 / 2010
Transaction ID: A-C37468
 Amount of Each Receipt this Period 50.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 650.00

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 / 107

(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)
Mr Samuel Lee

Mailing Address 25 Mountainview Avenue

City State Zip Code
Ardsley NY 10502-1920

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

Name of Employer Occupation
Northeast Utilities System Deputy General Counsel

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: A-C37470

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mr Leon Oliver

Mailing Address 111-2 Shore Road

City State Zip Code
Old Lyme CT 06371-2637

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

Name of Employer Occupation
Northeast Utilities System COO

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Transaction ID: A-C37471

Amount of Each Receipt this Period

500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Armand Cantafio

Mailing Address 24 Briarwood Drive

City State Zip Code
Orange CT 06477

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

Name of Employer Occupation
Northeast Electronics President

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: A-C37483

Amount of Each Receipt this Period

500.00

Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 107
(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)
Mr Joseph Cuzzocreo

Mailing Address 27 Indian River Road

City State Zip Code
Orange CT 06477-3640

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

Name of Employer Occupation
None Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: A-C37493

Amount of Each Receipt this Period
300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms Helen Gould

Mailing Address PO Box 5564

City State Zip Code
Charlottesville VA 22905-5564

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

Name of Employer Occupation
Echo Hill Farms Owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: A-C37504

Amount of Each Receipt this Period
2400.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. William Horne

Mailing Address 246 Pleasant Point Road

City State Zip Code
Branford CT 06405

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

Name of Employer Occupation
Yale Univ Researcher

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: A-C37484

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2800.00**

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 / 107
	(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) Rev. Sydney Parker	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 40 South Cherry St. #15	Transaction ID: A-C37477
	City Wallingford State CT Zip Code 06492-3593	Amount of Each Receipt this Period 35.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer none Occupation Retired Clergy person Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 245.00	

B.	Full Name (Last, First, Middle Initial) Mr. Joseph Sacco	Date of Receipt MM / DD / YYYY 10 / 25 / 2010
	Mailing Address 95 Far Mill Drive	Transaction ID: A-C37498
	City Stratford State CT Zip Code 06614	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer EDS Occupation computer tech Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ms. Myrna Baskin	Date of Receipt MM / DD / YYYY 10 / 26 / 2010
	Mailing Address 26 Old Orchard Road	Transaction ID: A-C37516
	City North Haven State CT Zip Code 06473	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer none Occupation Housewife Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional)	635.00
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 / 107

(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)

Mr. Samuel Carmody

Mailing Address 210 High St

City

Wallingford

State

CT

Zip Code

06492-3204

FEC ID number of contributing federal political committee.

C

Name of Employer
Town of Wallingford

Occupation

Registrar of Voters

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: A-C37552

Amount of Each Receipt this Period

25.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr Alfred Dellavalle, Jr

Mailing Address 43 Oakwood Drive

City

North Haven

State

CT

Zip Code

06473-1938

FEC ID number of contributing federal political committee.

C

Name of Employer
American Medical Response

Occupation

Vice President

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: A-C37583

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Peter Gouveia

Mailing Address 34 Lincoln Dr

City

Wallingford

State

CT

Zip Code

06492

FEC ID number of contributing federal political committee.

C

Name of Employer
None

Occupation

Retired

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

485.94

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: A-I37816

Amount of Each Receipt this Period

385.94

Inkind: Food & Supplies
for Event

SUBTOTAL of Receipts This Page (optional)

510.94

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 / 107
(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)
Dr. Rocco Orlando

Mailing Address 25 Drumlin Road

City State Zip Code
South Glastonbury CT 06073

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

Name of Employer Occupation
None Retired

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: A-C37510

Amount of Each Receipt this Period
100.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert Samuels

Mailing Address 46 Balfour Drive

City State Zip Code
W Hartford CT 06117

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

Name of Employer Occupation
ABS Development Company owner

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: A-C37514

Amount of Each Receipt this Period
2400.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Melanie Barocas Mayer

Mailing Address 78 Hart Rd.

City State Zip Code
Guilford CT 06437

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

Name of Employer Occupation
Self Photographer

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: A-C37589

Amount of Each Receipt this Period
500.00

Contribution

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: PAGE 30 / 107
(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)
Ms. Jody Ellant
Mailing Address 67 Deer Run Rd.
City Woodbridge State CT Zip Code 06525
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation attorney
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37591
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Ms Jessica Fass
Mailing Address 8 Cathlow Drive
City Riverside State CT Zip Code 06878-2602
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Photographer
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37537
Amount of Each Receipt this Period 1000.00
Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Terence Finn
Mailing Address 8744 S Bayview Dr
City Chestertown State MD Zip Code 21620-4377
FEC ID number of contributing federal political committee. **C**
Name of Employer none Occupation retired
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1500.00
Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37522
Amount of Each Receipt this Period 500.00
Contribution

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

FOR LINE NUMBER: PAGE 31 / 107
(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)
Ms Heidi Gold-Dworkin

Mailing Address 25 Higgins Drive

City Milford State CT Zip Code 06460-2853

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

Name of Employer Little Scientists Occupation Scientist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: A-C37542
 Amount of Each Receipt this Period: 250.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Robert Gray

Mailing Address 6354 Alderman Dr

City Alexandria State VA Zip Code 22315-3731

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

Name of Employer NE Council of Farmers Cooperat Occupation President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: A-C37521
 Amount of Each Receipt this Period: 300.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Prof. Jacob Hacker

Mailing Address 266 Livingston St.

City New Haven State CT Zip Code 06511

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

Name of Employer Yale University Occupation professor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2010
Transaction ID: A-C37597
 Amount of Each Receipt this Period: 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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 / 107
(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)
Ms. Debra Hauser

Mailing Address 396 Livingston St

City State Zip Code
New Haven CT 06511

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

Name of Employer self Occupation clinical psychologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: A-C37588

Amount of Each Receipt this Period
1000.00

Contribution
2250.00

B. Full Name (Last, First, Middle Initial)
Ms. Maria Kayne

Mailing Address 1891 Litchfield Tpk

City State Zip Code
Woodbridge CT 06525

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

Name of Employer None Occupation None

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: A-C37596

Amount of Each Receipt this Period
100.00

Contribution
350.00

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

Mailing Address PO Box 188

City State Zip Code
Westport CT 06881-0188

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

Name of Employer CCNY Occupation Physicist

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: A-C37543

Amount of Each Receipt this Period
200.00

Contribution
700.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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 / 107
(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)
Mr Gregory McDonald
Mailing Address 3726 Ct Ave NW #219
City Washington State DC Zip Code 20008
FEC ID number of contributing federal political committee. **C**
Name of Employer Cornerstone Occupation Vice President
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37519
Amount of Each Receipt this Period 500.00
Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Deborah Moss
Mailing Address 23 Grove Point Road
City Westport State CT Zip Code 06880
FEC ID number of contributing federal political committee. **C**
Name of Employer Avalence LLC Occupation executive
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 4400.00
Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37540
Amount of Each Receipt this Period 2400.00
Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Mark Murray
Mailing Address 584 Birch Mountain Rd
City Glastonbury State CT Zip Code 06033-1929
FEC ID number of contributing federal political committee. **C**
Name of Employer DLA Piper Rudnick Occupation Exectutive
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00
Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37520
Amount of Each Receipt this Period 500.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 3400.00
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 34 / 107
(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)
Mr Christopher O'Connor

Mailing Address 54 Connelly Hill Road

City State Zip Code
Hopkinton MA 01748-2581

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

Name of Employer St Raphael Healthcare System Occupation Healthcare Admin

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: A-C37528

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Rev. Sydney Parker

Mailing Address 40 South Cherry St. #15

City State Zip Code
Wallingford CT 06492-3593

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

Name of Employer none Occupation Retired Clergy person

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: A-C37598

Amount of Each Receipt this Period
100.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms Gilian Robin Roush

Mailing Address 177 Everit Street

City State Zip Code
New Haven CT 06511-1306

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

Name of Employer Self Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	7	/	2	0	1	0

Transaction ID: A-C37590

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 / 107
(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)
Mr. David Schaefer

Mailing Address 39 Broadfield Road

City Hamden State CT Zip Code 06517-1543

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

Name of Employer Brenner Saltzman & Wallman Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37599
 Amount of Each Receipt this Period 100.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Carol Tucker-Forman

Mailing Address 5600 Wisconsin Ave #502

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Consumer Federation of America Occupation Consumer Advocate

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37531
 Amount of Each Receipt this Period 500.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Cindy Von Beran

Mailing Address 101 Grovers Ave

City Bridgeport State CT Zip Code 06605

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

Name of Employer Saint Raphael Healthcare System Occupation Health Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37526
 Amount of Each Receipt this Period 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 / 107

(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)
Dr. Steven Wolfson
Mailing Address 1 Moose Hill Rd

City State Zip Code
Guilford CT 06437

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

Name of Employer
Cardiology Assoc of New
Have

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: A-C37532

Amount of Each Receipt this Period

100.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Ms Mary Gouveia
Mailing Address 1339 Whirlwind Hill Road

City State Zip Code
Wallingford CT 06492-2727

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

Name of Employer
Gouveia Vineyard

Occupation
Owner

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: A-C37545

Amount of Each Receipt this Period

2000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms Carolyn Greenspan
Mailing Address 10 N Branford Road

City State Zip Code
Wallingford CT 06492-2712

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

Name of Employer
self

Occupation
attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: A-C37576

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

3100.00

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 / 107
(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)
Mr William Iovanne

Mailing Address 61 Pasture Lane

City Branford State CT Zip Code 06405-2436

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) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: A-C37592
 Amount of Each Receipt this Period: 1000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Kevin McSherry

Mailing Address 38 Fairview Avenue

City Naugatuck State CT Zip Code 06770-4033

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

Name of Employer McSherry Law Offices LLC Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: A-C37604
 Amount of Each Receipt this Period: 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mr Seymour Shapiro

Mailing Address P.O. Box 527

City Clinton State CT Zip Code 06413

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

Name of Employer None Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt: 10 / 28 / 2010
Transaction ID: A-C37603
 Amount of Each Receipt this Period: 500.00
 Contribution

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 / 107
(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)
Mr Norman Bender

Mailing Address 67 Penny Lane

City State Zip Code
Woodbridge CT 06525-1531

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

Name of Employer Occupation
None retired

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

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

Transaction ID: A-C37630

Amount of Each Receipt this Period
1300.00

Contribution

B. Full Name (Last, First, Middle Initial)
Joan H Gillman

Mailing Address 61 Hermit Lane

City State Zip Code
Westport CT 06880-1125

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

Name of Employer Occupation
Time Warner Cable President, Media Sales

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

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

Transaction ID: A-C37637

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Kevin Knowles

Mailing Address 157 Park Avenue

City State Zip Code
Naugatuck CT 06770-2637

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

Name of Employer Occupation
Naugatuck Housing Executive Director

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

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

Transaction ID: A-C37632

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2550.00**

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 / 107
(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)
Mr. 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) ▼

Election Cycle-to-Date ▼ 2900.00

Date of Receipt 10 / 29 / 2010
Transaction ID: A-C37634
 Amount of Each Receipt this Period 2400.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Prudence Lev

Mailing Address 535 Connecticut Avenue

City Norwalk State CT Zip Code 06854

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

Name of Employer none Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 10 / 29 / 2010
Transaction ID: A-C37633
 Amount of Each Receipt this Period 2400.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mr Mark Powers

Mailing Address 5 Pine Street

City New Haven State CT Zip Code 06537

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

Name of Employer Gaylord Hosp Healthcare Occupation Physician's Assistant

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2010
Transaction ID: A-C37628
 Amount of Each Receipt this Period 250.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► **5050.00**

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 40 / 107
(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)
Mr Eric Zachs

Mailing Address 53 Norwood Road

City State Zip Code
West Hartford CT 06117-2235

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

Name of Employer Occupation
Bantry Bay Ventures, LLC Owner

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

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

Transaction ID: A-C37641

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Sandra Allison

Mailing Address 24 Oak Hill Ln.

City State Zip Code
Woodbridge CT 06525

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

Name of Employer Occupation
None homemaker

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

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

Transaction ID: A-C37818

Amount of Each Receipt this Period
700.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms. Rita Berkson

Mailing Address 113 Linden Ave.

City State Zip Code
Branford CT 06405

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

Name of Employer Occupation
self consultant

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

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

Transaction ID: A-C37647

Amount of Each Receipt this Period
500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **2200.00**

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 41 / 107
(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)
Mr. James Horowitz

Mailing Address 24 Oak Hill Lane

City Woodbridge State CT Zip Code 06525

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

Name of Employer Koskoff, Koskoff & Beider Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt 10 / 30 / 2010
Transaction ID: A-C37662
 Amount of Each Receipt this Period 1400.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Mrs. Susan Jacobs

Mailing Address 168 Rimmon Road

City Woodbridge State CT Zip Code 06525-1917

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

Name of Employer self employed Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2010
Transaction ID: A-C37659
 Amount of Each Receipt this Period 250.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Mr. David Johnson

Mailing Address 454 Colonial Road

City Guilford State CT Zip Code 06437

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

Name of Employer Kennedy & Johnson Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2010
Transaction ID: A-C37660
 Amount of Each Receipt this Period 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 2150.00

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 42 / 107
(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)
Dr Keat Jin Lee

Mailing Address 219 Uncas Point Rd

City State Zip Code
Guilford CT 06437-3145

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

Name of Employer self Occupation
ENT and plastic surgeon

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

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

Transaction ID: A-C37646

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Dr Marc Mann

Mailing Address 50 Underhill Road

City State Zip Code
Hamden CT 06517-1539

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

Name of Employer Whitney Internal Medicine Occupation
Physician

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

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

Transaction ID: A-C37658

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Nicholas Neeley

Mailing Address 46 Oliver Road

City State Zip Code
New Haven CT 06515

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

Name of Employer State of CT Occupation
Administration

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

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

Transaction ID: A-C37650

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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 43 / 107
(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)
Mr. Matthew Nemerson

Mailing Address 35 Huntington Street

City State Zip Code
New Haven CT 06511-1332

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

Name of Employer Connecticut Technology Occupation President & CEO

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 30 / 2010
Transaction ID: A-C37654
 Amount of Each Receipt this Period: 500.00
 Contribution: 950.00

B. Full Name (Last, First, Middle Initial)
Ms Julia O'Brien

Mailing Address 22 Fernwood Road

City State Zip Code
West Hartford CT 06119-1163

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

Name of Employer Connecticut Network Occupation Assignment Editor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 30 / 2010
Transaction ID: A-C37667
 Amount of Each Receipt this Period: 250.00
 Contribution: 250.00

C. Full Name (Last, First, Middle Initial)
Mr J. L. Pottenger

Mailing Address 27 Thimble Farm Road

City State Zip Code
Branford CT 06405-5641

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

Name of Employer Yale Law School Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 30 / 2010
Transaction ID: A-C37661
 Amount of Each Receipt this Period: 250.00
 Contribution: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 44 / 107
(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)
Dr. Robert Scalettar

Mailing Address 1265 Racebrook Rd

City State Zip Code
Woodbridge CT 06525-1824

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

Name of Employer Occupation
Anthem Blue Cross & Shield VP

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

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

Transaction ID: A-I37826

Amount of Each Receipt this Period
399.14

Inkind: Food & Supplies for Event

599.14

B. Full Name (Last, First, Middle Initial)
Ms. Barbara Segaloff

Mailing Address 200 Fountain Street, Apt. 712

City State Zip Code
New Haven CT 06515-2702

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

Name of Employer Occupation
New Haven Library Adminstrator

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

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

Transaction ID: A-I37828

Amount of Each Receipt this Period
125.00

Inkind: Food & Supplies for Event

450.00

C. Full Name (Last, First, Middle Initial)
Mr. James Segaloff

Mailing Address 200 Fountain Street, Apt. 712

City State Zip Code
New Haven CT 06515

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

Name of Employer Occupation
Susman, Duffy & Segaloff Attorney

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

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

Transaction ID: A-C37648

Amount of Each Receipt this Period
500.00

Contribution

625.00

SUBTOTAL of Receipts This Page (optional) ► **1024.14**

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 45 / 107
(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)
Mr. James Segaloff

Mailing Address 200 Fountain Street, Apt. 712

City State Zip Code
New Haven CT 06515

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

Name of Employer Occupation
Susman, Duffy & Segaloff Attorney

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

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

Transaction ID: A-I37829

Amount of Each Receipt this Period
125.00

Inkind: Food & Supplies for Event

625.00

B. Full Name (Last, First, Middle Initial)
Mr Peter Smith

Mailing Address 394 Gulf Street

City State Zip Code
Milford CT 06460-6536

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

Name of Employer Occupation
Rome Smith & Lutz Govt Relations

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

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

Transaction ID: A-C37652

Amount of Each Receipt this Period
500.00

Contribution

500.00

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

Mailing Address 161 Ford Rd

City State Zip Code
Woodbridge CT 06525-1710

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

Name of Employer Occupation
Yale University Clinical Administrator

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

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

Transaction ID: A-C37645

Amount of Each Receipt this Period
250.00

Contribution

750.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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 46 / 107

(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)
Mr Matthew Susman

Mailing Address 144 Haverford Street

City State Zip Code
Hamden CT 06517

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

Name of Employer Occupation
Susman Duffy & Segaloff Lawyer

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: A-C37655

Amount of Each Receipt this Period

250.00

Contribution

B.

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

Mailing Address 15 Bishop Dr

City State Zip Code
Woodbridge CT 06525-2301

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

Name of Employer Occupation
Weinstein Weiner & Ignal attorney

Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: A-I37827

Amount of Each Receipt this Period

525.00

Inkind: Food & Supplies
for Event

C.

Full Name (Last, First, Middle Initial)
Ms. Tina Weiner

Mailing Address 15 Bishop Dr

City State Zip Code
Woodbridge CT 06525-2301

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

Name of Employer Occupation
Yale Univ International Affairs

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Transaction ID: A-C37649

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

1275.00

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 47 / 107
(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)
Ms Linda Calarco

Mailing Address 27 Forest Glen Drive

City State Zip Code
Woodbridge CT 06525-1420

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

Name of Employer None Occupation Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	1	0

Transaction ID: A-C37696

Amount of Each Receipt this Period
500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Mr. Drew S Days III

Mailing Address 468 Whitney Ave Apt A21

City State Zip Code
New Haven CT 06511

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

Name of Employer Yale Law School Occupation Law Professor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: A-C37689

Amount of Each Receipt this Period
250.00

Contribution

C. Full Name (Last, First, Middle Initial)
Mr. Richard Emanuel

Mailing Address 601 Plymouth Colony

City State Zip Code
Branford CT 06405

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

Name of Employer self Occupation attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	1	0

Transaction ID: A-C37683

Amount of Each Receipt this Period
250.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 48 / 107

(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)
Mr Gary Hale

Mailing Address 23334 Town Walk Drive

City State Zip Code
Hamden CT 06518-5331

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

Name of Employer
Holloran & Sage Govt. Aff-
air

Occupation
Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: A-C37690

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Thomas Kane

Mailing Address 2 Van Rensselaer Avenue

City State Zip Code
Stamford CT 06902

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

Name of Employer
none

Occupation
retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: A-C37681

Amount of Each Receipt this Period

100.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Mr Daniel Romanow

Mailing Address 629 Whitney Avenue
1

City State Zip Code
New Haven CT 06511-2218

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

Name of Employer
Daniel Romanow CFP

Occupation
Vice President

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: A-C37672

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

850.00

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 49 / 107
	<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) Ms. Julie E. Shroyer	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 5536 32nd St NW	Transaction ID: A-C37675
	City State Zip Code Washington DC 20015	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation Wheat Govt. Affairs Vice President	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mr. William Spruill	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 529 Dixwell Avenue	Transaction ID: A-C37669
	City State Zip Code New Haven CT 06511	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation none retired	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Ms. Barbara Wareck	Date of Receipt MM / DD / YYYY 11 / 02 / 2010
	Mailing Address 135 Cliff Street	Transaction ID: A-C37695
	City State Zip Code New Haven CT 06511	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Occupation none retired	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1125.00
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 50 / 107
(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)
Mr Glenn Duhl

Mailing Address 16 Fieldstone Drive

City State Zip Code
Woodbridge CT 06525-1224

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

Name of Employer Siegel, O'Conner Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: A-C37692

Amount of Each Receipt this Period
250.00

Contribution

B. Full Name (Last, First, Middle Initial)
Ms. Linda Adanti

Mailing Address 4 Buddington Park

City State Zip Code
Shelton CT 06484-5358

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

Name of Employer Town of North Haven Occupation Teacher

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

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 1 0

Transaction ID: A-C37700

Amount of Each Receipt this Period
500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Ms Elizabeth Gilson

Mailing Address 41 Mill Rock Road

City State Zip Code
Hamden CT 06517

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

Name of Employer self Occupation attorney

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

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 5 / 2 0 1 0

Transaction ID: A-C37706

Amount of Each Receipt this Period
500.00

Contribution

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 51 / 107

(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)
Ms Cynthia Schoenfeld

Mailing Address 23 Rock Hill Road

City State Zip Code
Woodbridge CT 06525-1103

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

Name of Employer Occupation
None Homemaker

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2012 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: A-C37705

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Richard Silver

Mailing Address 95 Wild Duck Road

City State Zip Code
Stamford CT 06903

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

Name of Employer Occupation
Silver, Golub & Teitell attorney

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2012 1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: A-C37699

Amount of Each Receipt this Period

1400.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Ms. Nikki Heidepriem

Mailing Address 5404 Edgemoor Lane

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation
Heidepriem & Mager Business Owner

Receipt For: 2012 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2012 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Transaction ID: A-C37707

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2650.00

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)
Ms Brett Hellerman

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 1 0

Mailing Address 396 Livingston Street

Transaction ID: A-C37708

City State Zip Code
New Haven CT 06511-1336

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.
C

Contribution

Name of Employer
Norfolk Mgmt Group LLC

Occupation
CEO

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

Election Cycle-to-Date ▼
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	80705.08

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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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)
American College Of Rheumatology (RHEUMPAC)

Mailing Address 2200 Lake Boulevard NE
Suite 250

City Atlanta State GA Zip Code 30319-5310

FEC ID number of contributing federal political committee. **C** C00432823

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: A-C37179
 Amount of Each Receipt this Period: 2500.00
 Contribution

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

Mailing Address 101 Constitution Avenue, NW, #600W

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt: 10 / 14 / 2010
Transaction ID: A-C37187
 Amount of Each Receipt this Period: 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Amer Gastro Asso Trade Inc, PAC

Mailing Address 4720 Montgomery Lane Suite 430

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00423228

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 10 / 15 / 2010
Transaction ID: A-C37339
 Amount of Each Receipt this Period: 1000.00
 Contribution

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 54 / 107
(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)
Cablevision Systems Corp PAC

Mailing Address 1111 Stewart Ave

City State Zip Code
Bethpage NY 11714-3533

FEC ID number of contributing federal political committee. **C** C00197863

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: A-C37341

Amount of Each Receipt this Period
2000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Int'l Union of Operating Engineers PAC

Mailing Address 1125 Seventeenth ST., NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: A-C37338

Amount of Each Receipt this Period
5000.00

Contribution

C. Full Name (Last, First, Middle Initial)
U.A. Political Education Committee

Mailing Address 901 Massachussetts, N.W.

City State Zip Code
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00012476

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: A-C37343

Amount of Each Receipt this Period
3000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **10000.00**

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

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

Use separate schedule(s)
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(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 Com't
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) ▼

Election Cycle-to-Date ▼ 3400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 1 0

Transaction ID: A-C37348

Amount of Each Receipt this Period
500.00

Contribution

B. 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) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 1 0

Transaction ID: A-C37349

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
National Academy of Elder Law Attys PAC
Mailing Address 1604 N. Country Club Rd

City State Zip Code
Tucson AZ 85716

FEC ID number of contributing federal political committee. **C** C00393553

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 1 0

Transaction ID: A-C37368

Amount of Each Receipt this Period
1000.00

Contribution

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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FOR LINE NUMBER: PAGE 56 / 107
(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)
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) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 16 / 2010
Transaction ID: A-C37365
 Amount of Each Receipt this Period 1000.00
 Contribution

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) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 16 / 2010
Transaction ID: A-C37366
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Active Ballot Club UFCW PAC

Mailing Address 1775 K Street NW

City Washington State DC Zip Code 20006-1502

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9500.00

Date of Receipt 10 / 20 / 2010
Transaction ID: A-C37474
 Amount of Each Receipt this Period 4000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 57 / 107
(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)
Comt on Letter Carriers Political Educ

Mailing Address 100 Indiana Ave., N.W.

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: A-C37476
 Amount of Each Receipt this Period: 3000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
Dairy Farmers of America PAC

Mailing Address 10220 N Ambassador Dr

City Kansas City State MO Zip Code 64153-1367

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9000.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: A-C37382
 Amount of Each Receipt this Period: 2000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
Wine & Spirits Wholesalers PAC

Mailing Address ATTN Ms. Ray Ann Bevington
805 15th Street, NW #430

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 10 / 20 / 2010
Transaction ID: A-C37436
 Amount of Each Receipt this Period: 500.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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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(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 Beer Wholesaler Assoc PAC

Mailing Address 1101 King St Suite 600

City State Zip Code
Alexandria VA 22314

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

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

Transaction ID: A-C37442

Amount of Each Receipt this Period
2500.00

Contribution

B. Full Name (Last, First, Middle Initial)
Quest Diag Employees Polit Action Com

Mailing Address 1350 I Street, N.W. Suite 500

City State Zip Code
Washington DC 20005-3305

FEC ID number of contributing federal political committee. **C** C00329185

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

Transaction ID: A-C37446

Amount of Each Receipt this Period
1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
American Nurses Assoc PAC

Mailing Address 8515 Georgia Ave Suite 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: A-C37472

Amount of Each Receipt this Period
1000.00

Contribution

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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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)
National Assoc of Farm Serv Agency Office Emp PAC
Mailing Address 313 Massachusetts Avenue NE
City Washington State DC Zip Code 20002-5701
FEC ID number of contributing federal political committee. **C** C00413567
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00
Date of Receipt 10 / 25 / 2010
Transaction ID: A-C37505
Amount of Each Receipt this Period 1000.00
Contribution

B. Full Name (Last, First, Middle Initial)
Nea Fund For Children And Public Education
Mailing Address 1201 16th Street NW Suite 420
City Washington State DC Zip Code 20036-3201
FEC ID number of contributing federal political committee. **C** C00003251
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00
Date of Receipt 10 / 26 / 2010
Transaction ID: A-C37506
Amount of Each Receipt this Period 2500.00
Contributor

C. Full Name (Last, First, Middle Initial)
Agri Mark Legis & Educ Com't
Mailing Address P.O. Box 5800
City Lawrence State MA Zip Code 01842
FEC ID number of contributing federal political committee. **C** C00141242
Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3400.00
Date of Receipt 10 / 27 / 2010
Transaction ID: A-C37517
Amount of Each Receipt this Period 200.00
Contribution

SUBTOTAL of Receipts This Page (optional) ► 3700.00
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)
DairyLea Cooperative LEAPAC
Mailing Address PO Box 4844

City State Zip Code
Syracuse NY 13221-4844

FEC ID number of contributing federal political committee. **C** C00143818

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: A-C37518

Amount of Each Receipt this Period
50.00

Contribution

B. Full Name (Last, First, Middle Initial)
IUPAT Political Action Together
Mailing Address 1750 New York Avenue, NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: A-C37544

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Transport Workers Union PAC
Mailing Address 1700 Broadway

City State Zip Code
New York NY 10019-5905

FEC ID number of contributing federal political committee. **C** C00008268

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Transaction ID: A-C37625

Amount of Each Receipt this Period
2500.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► **5050.00**

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 61 / 107
(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)
Organic Consumers Fund Pac

Mailing Address 1858 Mintwood Place NW
Apt. 4

City State Zip Code
Washington DC 20009-1918

FEC ID number of contributing federal political committee. **C** C00426338

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: A-C37627

Amount of Each Receipt this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
SEIU COPE Fund PAC

Mailing Address 1800 Massachusetts Ave NW

City State Zip Code
Washington DC 20036-1222

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: A-C37629

Amount of Each Receipt this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)
American Dental PAC

Mailing Address 1111 14th Street, N.W. Ste 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	1	0

Transaction ID: A-C37636

Amount of Each Receipt this Period

2000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ►

4000.00

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

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

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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)
American Optometric Assn PAC

Mailing Address 1505 Prince Street
Suite 300

City State Zip Code
Alexandria VA 22314-2874

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

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

Transaction ID: A-C37635

Amount of Each Receipt this Period
1000.00

Contribution

B. Full Name (Last, First, Middle Initial)
Asbestos Workers Local 91 PAC

Mailing Address 9602 M L King HWY

City State Zip Code
Lanham MD 20706

FEC ID number of contributing federal political committee. **C** C00115527

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: A-C37668

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
Amer. Acad Nurse Practitioners PAC

Mailing Address P.O. Box 40473

City State Zip Code
Washington DC 20016

FEC ID number of contributing federal political committee. **C** C00358903

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

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

Transaction ID: A-C37676

Amount of Each Receipt this Period
100.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 3600.00

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 63 / 107

(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 Medical Assn. PAC

Mailing Address 25 Massachusetts Ave Suite 600

City State Zip Code
Washington DC 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID: A-C37693

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Americans for the Arts Action Fund PAC

Mailing Address 1000 Vermont Ave NW Ste 600

City State Zip Code
Washington DC 20005-4940

FEC ID number of contributing federal political committee. **C** C00410126

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

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

Transaction ID: A-C37677

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
NAT'L Telecommunication Cooperative PAC

Mailing Address 4121 Wilson Blvd 10th Fl

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00004473

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: A-C37674

Amount of Each Receipt this Period
1750.00

Contribution

SUBTOTAL of Receipts This Page (optional) ►

3250.00

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 64 / 107
(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)
Treasury Employees PAC

Mailing Address 1750 H St NW

City State Zip Code
Washington DC 20006-4600

FEC ID number of contributing federal political committee. **C** C00107128

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: A-C37685

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	53600.00

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)
BJ's Wholesale

Transaction ID: B-E-37728
Date of Disbursement

Mailing Address 555 Universal Dr

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

City State Zip Code
New Haven CT 06519

Amount of Each Disbursement this Period

Purpose of Disbursement
Food for Event

003
Category/ Type

127.28

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

B.

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

Transaction ID: B-E-37713
Date of Disbursement

Mailing Address 209 Church Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

City State Zip Code
New Haven CT 06511

Amount of Each Disbursement this Period

Purpose of Disbursement
Service Charge

001
Category/ Type

25.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
Italian Society of Middletown

Transaction ID: B-E-37813
Date of Disbursement

Mailing Address 72 Court Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	0

City State Zip Code
Middletown CT 06457-3333

Amount of Each Disbursement this Period

Purpose of Disbursement
Facility Rental

Category/ Type

325.00

Candidate Name

Office Sought: House Senate President
Disbursement For: 2012
 Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional)

477.28

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) John's Cafe & Catering Mailing Address 110 Coe Avenue City Middletown State CT Zip Code 06457-4779 Purpose of Disbursement Food for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37814 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 1050.00 Category/Type 003
B.	Full Name (Last, First, Middle Initial) Ms. Cathy Weber Mailing Address 50 Daisy St City New Haven State CT Zip Code 06511-1048 Purpose of Disbursement Petty Cash no tran>\$100 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37331 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 162.68 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Ms. Cathy Weber Mailing Address 50 Daisy St City New Haven State CT Zip Code 06511-1048 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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37332 Date of Disbursement 10 / 14 / 2010 Amount of Each Disbursement this Period 92.60 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

1305.28

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) ACTBLUE <hr/> Mailing Address PO Box 382110 <hr/> City Cambridge State MA Zip Code 02238-2110 <hr/> Purpose of Disbursement Service Charge Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37376 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 28.07
	Category/Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AT&T <hr/> Mailing Address PO Box 8110 <hr/> City Aurora State IL Zip Code 60507-8110 <hr/> Purpose of Disbursement Telephone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37722 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 259.26
	Category/Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens Bank <hr/> Mailing Address 209 Church Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Federal Withholding Tax Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37729 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 5813.00
	Category/Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6100.33

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)
Commissioner of Revenue Services

Transaction ID: B-E-37730
Date of Disbursement

Mailing Address PO Box 2931

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	0

City Hartford State CT Zip Code 06104-2931

Amount of Each Disbursement this Period

518.51

Purpose of Disbursement
CT Withholding Tax

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

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

Transaction ID: B-E-37731
Date of Disbursement

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

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	0

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

248.00

Purpose of Disbursement
DC Withholding Tax

001

Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

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

Transaction ID: B-E-37822
Date of Disbursement

Mailing Address 27 Whitney Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	0

City New Haven State CT Zip Code 06510

Amount of Each Disbursement this Period

245.00

Purpose of Disbursement
Copies

001

Category/
Type

Candidate Name

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

State: District:

SUBTOTAL of Disbursements This Page (optional)

1011.51

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) Fraioli & Associates <hr/> Mailing Address 80 F St Ste 804 <hr/> City Washington State DC Zip Code 20001-1528 <hr/> Purpose of Disbursement Fundraising Fee & Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37378 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 3255.28
	Category/ Type 003
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Myers Flower Shops <hr/> Mailing Address 1008 Main Street <hr/> City Branford State CT Zip Code 06405 <hr/> Purpose of Disbursement Flowers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37724 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 304.17
	Category/ Type 001
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Perkins Coie <hr/> Mailing Address 607 Fourteenth Street, NW <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Legal Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37380 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 898.00
	Category/ Type (Empty)
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4457.45

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) Staples Mailing Address 80 Boston Post Road City Orange State CT Zip Code 06477 Purpose of Disbursement Office Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37725 Date of Disbursement 10 / 16 / 2010 Amount of Each Disbursement this Period 433.16 001 Category/ Type
B.	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 Business Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37726 Date of Disbursement 10 / 16 / 2010 Amount of Each Disbursement this Period 130.28 001 Category/ Type
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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37727 Date of Disbursement 10 / 16 / 2010 Amount of Each Disbursement this Period 61.76 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

625.20

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.</p> <p>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 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37823</p> <p>Date of Disbursement 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 107.09</p> <p>001 Category/Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mr Gregory Genecin</p> <p>Mailing Address 340 Saint Ronan Street</p> <p>City New Haven State CT Zip Code 06511-2366</p> <p>Purpose of Disbursement Payroll Candidate Name</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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37720</p> <p>Date of Disbursement 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 959.39</p> <p>001 Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Ms. Jennifer Just</p> <p>Mailing Address 157 Center Road</p> <p>City Woodbridge State CT Zip Code 06525-1840</p> <p>Purpose of Disbursement Payroll Candidate Name</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 checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37330</p> <p>Date of Disbursement 10 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1250.53</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2317.01

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) Mr. Charles Swirsky	Transaction ID: B-E-37328 Date of Disbursement 10 / 16 / 2010
	Mailing Address 797 Orange Street	Amount of Each Disbursement this Period 2419.60
	City New Haven State CT Zip Code 06511-2544	
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Ms. Cathy Weber	Transaction ID: B-E-37721 Date of Disbursement 10 / 16 / 2010
	Mailing Address 50 Daisy St	Amount of Each Disbursement this Period 1162.92
	City New Haven State CT Zip Code 06511-1048	
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Ms. Yasmine Zamani	Transaction ID: B-E-37329 Date of Disbursement 10 / 16 / 2010
	Mailing Address 1700 Kalorama Rd NW #406	Amount of Each Disbursement this Period 2032.40
	City Washington State DC Zip Code 20009	
	Purpose of Disbursement Payroll Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5614.92

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) ACTBLUE Mailing Address PO Box 382110 City Cambridge State MA Zip Code 02238-2110 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37395 Date of Disbursement 10 / 20 / 2010 Amount of Each Disbursement this Period 153.07 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) INNER CITY Mailing Address P.O. Box 9431 City New Haven State CT Zip Code 06534-0534 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37732 Date of Disbursement 10 / 20 / 2010 Amount of Each Disbursement this Period 500.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Kron Chocolatier Mailing Address 5300 Wisconsin Ave, NW City Washington State DC Zip Code 20015 Purpose of Disbursement Gifts to Supporters Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37712 Date of Disbursement 10 / 22 / 2010 Amount of Each Disbursement this Period 120.00 003 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

773.07

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) Columbus Day Committee	Transaction ID: B-E-37742 Date of Disbursement																			
	Mailing Address 600 Washington Ave., Unit C-4	<table border="1"><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>1</td><td>0</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	5		2	0	1	0												
	City North Haven State CT Zip Code 06473	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Table at Reception	<table border="1"><tr><td>700.00</td></tr></table>	700.00																		
700.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) ACTBLUE	Transaction ID: B-E-37714 Date of Disbursement																			
	Mailing Address PO Box 382110	<table border="1"><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>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
	City Cambridge State MA Zip Code 02238-2110	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Service Charge	<table border="1"><tr><td>196.93</td></tr></table>	196.93																		
196.93																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) BJ's Wholesale	Transaction ID: B-S-9972 Date of Disbursement																			
	Mailing Address 555 Universal Dr	<table border="1"><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>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
	City New Haven State CT Zip Code 06519	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Food & Paper Goods for event	<table border="1"><tr><td>159.94</td></tr></table>	159.94																		
159.94																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

[MEMO ITEM]
Subitemization of Peter Gouveia(10/26/10)

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>896.93</td></tr></table>	896.93
896.93		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Costco Mailing Address 1718 Boston Post Road City Milford State CT Zip Code 06460 Purpose of Disbursement Food for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-9976 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 14.67 [MEMO ITEM] Subitemization of Peter Gouveia(10/26/10)
B.	Full Name (Last, First, Middle Initial) Restaurant Associates Mailing Address 91337 Collections Drive Box 91337 City Chicago State IL Zip Code 60693-1337 Purpose of Disbursement Food for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37745 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 2075.00
C.	Full Name (Last, First, Middle Initial) Seymour Board of Education Mailing Address 98 Bank Street City Seymour State CT Zip Code 06483-2856 Purpose of Disbursement Custodial Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37746 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 299.20

SUBTOTAL of Disbursements This Page (optional) ▶

2374.20

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) Tallulah's Catering LLC Mailing Address 17 Andover Drive # B City West Hartford State CT Zip Code 06110-1502 Purpose of Disbursement Food for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37747 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 959.30 003 Category/ Type
B.	Full Name (Last, First, Middle Initial) Top Shelf Liquors Mailing Address 300 New Britain Rd City Kensington State CT Zip Code 06037 Purpose of Disbursement Wine for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37748 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 250.72 003 Category/ Type
C.	Full Name (Last, First, Middle Initial) U.S. Postmaster Mailing Address Brewery Street City New Haven State CT Zip Code 06511 Purpose of Disbursement Postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-9963 Date of Disbursement 10 / 26 / 2010 Amount of Each Disbursement this Period 44.00 001 Category/ Type [MEMO ITEM] Subitemization of Jennifer Just(10/26/10)

SUBTOTAL of Disbursements This Page (optional) ▶

1210.02

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) 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>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-37749</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="78.67"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mr. Peter Gouveia</p> <p>Mailing Address 34 Lincoln Dr</p> <p>City Wallingford State CT Zip Code 06492</p> <p>Purpose of Disbursement Inkind: Food & Supplies for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-I-37816</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="385.94"/></p> <p>Category/Type: <input type="text"/></p>
<p>C. Full Name (Last, First, Middle Initial) Ms. Jennifer Just</p> <p>Mailing Address 157 Center Road</p> <p>City Woodbridge State CT Zip Code 06525-1840</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</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-E-37743</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.00"/></p> <p>Category/Type: <input type="text" value="001"/></p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>

SUBTOTAL of Disbursements This Page (optional) ►

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) Administrator Unemployment Mailing Address 200 Folly Brook Blvd City Wethersfield State CT Zip Code 06109 Purpose of Disbursement CT Unemployment Tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37751 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 28.50 Category/Type 001
B.	Full Name (Last, First, Middle Initial) AMTRAK Mailing Address State Street City New Haven State CT Zip Code 06511 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37710 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 147.00 Category/Type 002
C.	Full Name (Last, First, Middle Initial) La Voz Hispana Mailing Address 51 Elm Street City New Haven State CT Zip Code 06510 Purpose of Disbursement Ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37752 Date of Disbursement 10 / 28 / 2010 Amount of Each Disbursement this Period 700.00 Category/Type 004

SUBTOTAL of Disbursements This Page (optional) ▶

875.50

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) ACTBLUE Mailing Address PO Box 382110 City Cambridge State MA Zip Code 02238-2110 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37643 Date of Disbursement 10 / 29 / 2010 Amount of Each Disbursement this Period 89.28 001 Category/ Type
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 Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37811 Date of Disbursement 10 / 29 / 2010 Amount of Each Disbursement this Period 28.70 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Amity Wine and Spirits Mailing Address 95 Amity Road City New Haven State CT Zip Code 06515-1400 Purpose of Disbursement Wine fro Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-9979 Date of Disbursement 10 / 30 / 2010 Amount of Each Disbursement this Period 55.88 003 Category/ Type [MEMO ITEM] Subitemization of Robert Scalettar(10/30/10)

SUBTOTAL of Disbursements This Page (optional) ▶	117.98
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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Amity Wine and Spirits</p> <p>Mailing Address 95 Amity Road</p> <p>City New Haven State CT Zip Code 06515-1400</p> <p>Purpose of Disbursement Wine for Event</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-9983</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="73.50"/></p> <p>[MEMO ITEM] Subitemization of Gerald Weiner(10/30/10)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Amity Wine and Spirits</p> <p>Mailing Address 95 Amity Road</p> <p>City New Haven State CT Zip Code 06515-1400</p> <p>Purpose of Disbursement Wine for Event</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-9987</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.50"/></p> <p>[MEMO ITEM] Subitemization of Barbara Segaloff(10/30/10)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Amity Wine and Spirits</p> <p>Mailing Address 95 Amity Road</p> <p>City New Haven State CT Zip Code 06515-1400</p> <p>Purpose of Disbursement Wine for Event</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-S-9991</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="17.50"/></p> <p>[MEMO ITEM] Subitemization of James Segaloff(10/30/10)</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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)
Chestnut Fine Foods

Mailing Address 1012 State Street

City New Haven State CT Zip Code 06511-3944

Purpose of Disbursement
Food for Event

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-9980

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

283.39

[MEMO ITEM]

Subitemization of Robert Scalettar(10/30/10)

B.

Full Name (Last, First, Middle Initial)
Chestnut Fine Foods

Mailing Address 1012 State Street

City New Haven State CT Zip Code 06511-3944

Purpose of Disbursement
Food for Event

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-9984

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

372.75

[MEMO ITEM]

Subitemization of Gerald Weiner(10/30/10)

C.

Full Name (Last, First, Middle Initial)
Chestnut Fine Foods

Mailing Address 1012 State Street

City New Haven State CT Zip Code 06511-3944

Purpose of Disbursement
Food for Event

Candidate Name

003
Category/
Type

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: B-S-9988

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

88.75

[MEMO ITEM]

Subitemization of Barbara Segaloff(10/30/10)

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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 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) Chestnut Fine Foods Mailing Address 1012 State Street City New Haven State CT Zip Code 06511-3944 Purpose of Disbursement Food for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-9992 Date of Disbursement 10 / 30 / 2010 Amount of Each Disbursement this Period 88.75 [MEMO ITEM] Subitemization of James Segaloff(10/30/10)
B.	Full Name (Last, First, Middle Initial) Costco Mailing Address 1718 Boston Post Road City Milford State CT Zip Code 06460 Purpose of Disbursement Food & Supplies for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-9977 Date of Disbursement 10 / 30 / 2010 Amount of Each Disbursement this Period 27.94 [MEMO ITEM] Subitemization of Robert Scalettar(10/30/10)
C.	Full Name (Last, First, Middle Initial) Costco Mailing Address 1718 Boston Post Road City Milford State CT Zip Code 06460 Purpose of Disbursement Food & Supplies for Event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-S-9981 Date of Disbursement 10 / 30 / 2010 Amount of Each Disbursement this Period 36.75 [MEMO ITEM] Subitemization of Gerald Weiner(10/30/10)

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 1718 Boston Post Road</p> <p>City Milford State CT Zip Code 06460</p> <p>Purpose of Disbursement Food for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-S-9985</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 8.75</p> <p>[MEMO ITEM] Subitemization of Barbara Segaloff(10/30/10)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Costco</p> <p>Mailing Address 1718 Boston Post Road</p> <p>City Milford State CT Zip Code 06460</p> <p>Purpose of Disbursement Food for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-S-9989</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 8.75</p> <p>[MEMO ITEM] Subitemization of James Segaloff(10/30/10)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Dr. Robert Scalettar</p> <p>Mailing Address 1265 Racebrook Rd</p> <p>City Woodbridge State CT Zip Code 06525-1824</p> <p>Purpose of Disbursement Inkind: Food & Supplies for Event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B-I-37826</p> <p>Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 399.14</p>

SUBTOTAL of Disbursements This Page (optional) ▶

399.14

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)
Mr. Gerald Weiner

Transaction ID: B-I-37827
Date of Disbursement

Mailing Address 15 Bishop Dr

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	1	0

City State Zip Code
Woodbridge CT 06525-2301

Amount of Each Disbursement this Period

525.00

Purpose of Disbursement
In kind: Food & Supplies for Event

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BBI Technologies, Inc

Transaction ID: B-E-37767
Date of Disbursement

Mailing Address 58 Research Dr

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

City State Zip Code
Milford CT 06460-8523

Amount of Each Disbursement this Period

159.00

Purpose of Disbursement
Maintenance Contract

001 Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
CBIA Health Connections

Transaction ID: B-E-37766
Date of Disbursement

Mailing Address PO Box 150495

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

City State Zip Code
Hartford CT 06115-0495

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
Health Insurance

001 Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

934.00

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)
Mr Gregory Genecin

Transaction ID: B-E-37762
Date of Disbursement

Mailing Address 340 Saint Ronan Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

City State Zip Code
New Haven CT 06511-2366

Amount of Each Disbursement this Period

757.29

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Ms. Jennifer Just

Transaction ID: B-E-37764
Date of Disbursement

Mailing Address 157 Center Road

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

City State Zip Code
Woodbridge CT 06525-1840

Amount of Each Disbursement this Period

1250.53

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

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

Transaction ID: B-E-37761
Date of Disbursement

Mailing Address 797 Orange Street

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	0

City State Zip Code
New Haven CT 06511-2544

Amount of Each Disbursement this Period

2419.60

Purpose of Disbursement
Payroll

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

4427.42

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) Ms. Cathy Weber</p> <p>Mailing Address 50 Daisy St</p> <p>City New Haven State CT Zip Code 06511-1048</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</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37760</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1743.24"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>B. Full Name (Last, First, Middle Initial) Ms. 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</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37719</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2333.27"/></p> <p>Category/Type: <input type="text" value="001"/></p>
<p>C. Full Name (Last, First, Middle Initial) Archie Moore's Bar & Restaur</p> <p>Mailing Address 122 1/2 Willow Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Food for Event</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37769</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="139.39"/></p> <p>Category/Type: <input type="text"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4215.90"/>
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

<p>A. Full Name (Last, First, Middle Initial) Kron Chocolatier</p> <p>Mailing Address 5300 Wisconsin Ave, NW</p> <p>City Washington State DC Zip Code 20015</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</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37711</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="367.00"/></p> <p>Category/Type: <input type="text" value="003"/></p>
<p>B. Full Name (Last, First, Middle Initial) Portofino</p> <p>Mailing Address 937 State St</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Food for Election Day</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37771</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p> <p>Category/Type: <input type="text" value=""/></p>
<p>C. Full Name (Last, First, Middle Initial) Docuprint & Imaging</p> <p>Mailing Address 27 Whitney Avenue</p> <p>City New Haven State CT Zip Code 06510</p> <p>Purpose of Disbursement Flyers</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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37774</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="360.00"/></p> <p>Category/Type: <input type="text" value="004"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="1027.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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: B-E-37775 Date of Disbursement 11 / 08 / 2010
	Mailing Address 80 F St Ste 804	Amount of Each Disbursement this Period 3327.38
	City Washington State DC Zip Code 20001-1528	
	Purpose of Disbursement Fundraising Fee & Expenses Candidate Name	003 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: B-E-37781 Date of Disbursement 11 / 08 / 2010
	Mailing Address 607 Fourteenth Street, NW	Amount of Each Disbursement this Period 309.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Legal Fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Schneider's of Capitol Hill	Transaction ID: B-E-37782 Date of Disbursement 11 / 08 / 2010
	Mailing Address 300 Massachusetts Ave, NE	Amount of Each Disbursement this Period 21.79
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Gift to Supporter Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3658.17

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) Terminal 110 Mailing Address 240 Sargent Drive City New Haven State CT Zip Code 06511-6108 Purpose of Disbursement Food for Election Night Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37783 Date of Disbursement 11 / 08 / 2010 Amount of Each Disbursement this Period 2765.20 Category/Type
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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37785 Date of Disbursement 11 / 08 / 2010 Amount of Each Disbursement this Period 402.55 Category/Type
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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37788 Date of Disbursement 11 / 08 / 2010 Amount of Each Disbursement this Period 107.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3274.75

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wired For Change, Inc</p> <p>Mailing Address 1700 Connecticut Avenue NW Suite 403</p> <p>City Washington State DC Zip Code 20009-1169</p> <p>Purpose of Disbursement Website Fee</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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37789</p> <p>Date of Disbursement 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 350.00</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Ms. Gaylord Bourne</p> <p>Mailing Address 25 Roydon Road</p> <p>City New Haven State CT Zip Code 06511-2806</p> <p>Purpose of Disbursement Accounting Fee</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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37776</p> <p>Date of Disbursement 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1740.00</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Vinnie Carr</p> <p>Mailing Address 35 Spruce Peak Lane</p> <p>City West Haven State CT Zip Code 06516</p> <p>Purpose of Disbursement Entertainer for Event</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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37786</p> <p>Date of Disbursement 11 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2390.00

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 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) Mr. Charles Swirsky <hr/> Mailing Address 797 Orange Street <hr/> City New Haven State CT Zip Code 06511-2544 Purpose of Disbursement Food for Staff Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37772 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 148.49 Original vendors exceeding reporting threshold itemized as memo transactions.
B. Full Name (Last, First, Middle Initial) Mr. Charles Swirsky <hr/> Mailing Address 797 Orange Street <hr/> City New Haven State CT Zip Code 06511-2544 Purpose of Disbursement Mileage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37773 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 608.19
C. Full Name (Last, First, Middle Initial) Ms. Cathy Weber <hr/> Mailing Address 50 Daisy St <hr/> City New Haven State CT Zip Code 06511-1048 Purpose of Disbursement Petty Cash no tran > \$100 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37790 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 168.81

SUBTOTAL of Disbursements This Page (optional) ▶	925.49
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

<p>A. Full Name (Last, First, Middle Initial) Ms. 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 Travel & Supplies</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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37777</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="44.99"/></p> <p>Original vendors exceeding reporting threshold itemized as memo transactions.</p>
<p>B. 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</p> <p>State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37799</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="259.26"/></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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B-E-37796</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6102.40"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6406.65"/>
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) 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	Transaction ID: B-E-37797 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 549.59
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
B.	Full Name (Last, First, Middle Initial) D.C. Treasurer <hr/> Mailing Address Office of Tax & Revenue Services 941 N. Capitol Street, NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement DC Withholding Tax Candidate Name	Transaction ID: B-E-37798 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 248.00
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 001
C.	Full Name (Last, First, Middle Initial) Docuprint & Imaging <hr/> Mailing Address 27 Whitney Avenue <hr/> City New Haven State CT Zip Code 06510 <hr/> Purpose of Disbursement Invitations printing Candidate Name	Transaction ID: B-E-37800 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 395.34
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶

1192.93

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) Fran Morrow Events <hr/> Mailing Address 11 Pease Road <hr/> City Woodbridge State CT Zip Code 06525-2028 <hr/> Purpose of Disbursement Decorations for Election Night Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37801 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Myers Flower Shops <hr/> Mailing Address 1008 Main Street <hr/> City Branford State CT Zip Code 06405 <hr/> Purpose of Disbursement Flowers Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37803 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 724.93
C.	Full Name (Last, First, Middle Initial) Simply Serving, LLC <hr/> Mailing Address 344 Woodland Ln <hr/> City Orange State CT Zip Code 06477-3038 <hr/> Purpose of Disbursement Food for Election Night Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37806 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1061.82

SUBTOTAL of Disbursements This Page (optional) ▶	2036.75
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) 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: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37810 Date of Disbursement 11 / 16 / 2010 Amount of Each Disbursement this Period 89.98 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Mr Gregory Genecin Mailing Address 340 Saint Ronan Street City New Haven State CT Zip Code 06511-2366 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37792 Date of Disbursement 11 / 16 / 2010 Amount of Each Disbursement this Period 757.29 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Ms. Jennifer Just Mailing Address 157 Center Road City Woodbridge State CT Zip Code 06525-1840 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37793 Date of Disbursement 11 / 16 / 2010 Amount of Each Disbursement this Period 1250.53 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2097.80

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) Mr. Charles Swirsky <hr/> Mailing Address 797 Orange Street <hr/> City New Haven State CT Zip Code 06511-2544 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37791 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 2419.60
	Category/Type 001
B. Full Name (Last, First, Middle Initial) Ms. Cathy Weber <hr/> Mailing Address 50 Daisy St <hr/> City New Haven State CT Zip Code 06511-1048 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37795 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 1021.76
	Category/Type 001
C. Full Name (Last, First, Middle Initial) Ms. Cathy Weber <hr/> Mailing Address 50 Daisy St <hr/> City New Haven State CT Zip Code 06511-1048 <hr/> Purpose of Disbursement Petty Cash no trans > \$100 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37805 Date of Disbursement 11 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 136.02
	Category/Type []

SUBTOTAL of Disbursements This Page (optional) ▶

3577.38

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)
Ms. Yasmine Zamani

Mailing Address 1700 Kalorama Rd NW #406

City Washington State DC Zip Code 20009

Purpose of Disbursement
Payroll

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-37794
Date of Disbursement

11 / 16 / 2010

Amount of Each Disbursement this Period

2032.40

B.

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

Mailing Address P.O. Box 739

City Lewiston State ME Zip Code 04243

Purpose of Disbursement
Health Insurance

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-37821
Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

262.35

C.

Full Name (Last, First, Middle Initial)
Schneider's of Capitol Hill

Mailing Address 300 Massachusetts Ave, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Wine for Event

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-37819
Date of Disbursement

11 / 22 / 2010

Amount of Each Disbursement this Period

261.44

SUBTOTAL of Disbursements This Page (optional) ▶

2556.19

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

69153.34

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

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

FOR LINE NUMBER:
(check only one)

PAGE 99 / 107

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" 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)
Mr. Henry Lord

Mailing Address 313 Audubon Court

City State Zip Code
New Haven CT 06510

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-37741
Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

750.00

B.

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

Mailing Address 23 Grove Point Road

City State Zip Code
Westport CT 06880

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-37817
Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

2750.00

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

2750.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 100 / 107

<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 checked="" 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)
Active Ballot Club UFCW PAC

Mailing Address 1775 K Street NW

City Washington State DC Zip Code 20006-1502

Purpose of Disbursement
Contribution Refund

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: B-E-37473

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

1500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 101 / 107

<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) DCCC Mailing Address 430 S. Capitol St., S.E. City Washington State DC Zip Code 20003 Purpose of Disbursement Excess Funds Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37723 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period 50000.00
B.	Full Name (Last, First, Middle Initial) Ben Chandler For Congress Mailing Address PO Box 12678 City Lexington State KY Zip Code 40583-2678 Purpose of Disbursement Contribtuion Candidate Name A.B. Chandler, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37735 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Betty Sutton for Congress Mailing Address 1700 W Market Street # 155 City Akron State OH Zip Code 44313-7002 Purpose of Disbursement Contribution Candidate Name Ms. Betty S. Sutton Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37737 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	52000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 102 / 107

<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)
Chet Edwards for Congress

Transaction ID: B-E-37739

Date of Disbursement

Mailing Address 430 Towne Oaks Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

City Waco State TX Zip Code 76710

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Chet Edwards

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 17

B.

Full Name (Last, First, Middle Initial)
DCCC

Transaction ID: B-E-37740

Date of Disbursement

Mailing Address 430 S. Capitol St., S.E.

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

25000.00

Purpose of Disbursement
Excess Funds

012
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Friends For Baron Hill

Transaction ID: B-E-37734

Date of Disbursement

Mailing Address PO Box 1071

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	1	0

City Seymour State IN Zip Code 47274-1071

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Baron Paul Hill

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IN District: 09

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) Friends of Maurice Hinchey <hr/> Mailing Address P.O. Box 4497 <hr/> City Kingston State NY Zip Code 12401 <hr/> Purpose of Disbursement Contribution Candidate Name Maurice D Hinchey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37733 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) McDowell For Congress <hr/> Mailing Address PO Box 913 <hr/> City Sault Sainte Marie State MI Zip Code 49783-0913 <hr/> Purpose of Disbursement Contribution Candidate Name Gary J. Mcdowell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37738 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Perlmutter For Congress <hr/> Mailing Address 3440 Youngfield Street # 264 <hr/> City Wheat Ridge State CO Zip Code 80033-5245 <hr/> Purpose of Disbursement Contribution Candidate Name Edwin G Perlmutter Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37736 Date of Disbursement 10 / 22 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00

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

**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)

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<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) DCCC Mailing Address 430 S. Capitol St., S.E. City Washington State DC Zip Code 20003 Purpose of Disbursement Excess Funds Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37750 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period 32500.00
B.	Full Name (Last, First, Middle Initial) John Adler for Congress Mailing Address 499 S Capitol St SW City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name John H. Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37756 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Kagen 4 Congress Mailing Address 100 W. College Ave 50D City Appleton State WI Zip Code 54911 Purpose of Disbursement Contribution Candidate Name Steven L. Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B-E-37753 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	34500.00
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

<p>A. Full Name (Last, First, Middle Initial) Kilroy For Congress</p> <p>Mailing Address P.O. Box 2582 ste 305</p> <p>City Columbus State OH Zip Code 43216</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mary Jo Kilroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 15</p>	<p>Transaction ID: B-E-37754 Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Markey For Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80522-1333</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Betsy Markey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 04</p>	<p>Transaction ID: B-E-37755 Date of Disbursement 10 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Connolly For Congress</p> <p>Mailing Address 11200 Lee HW ste C2</p> <p>City Fairfax State VA Zip Code 22030</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Gerry Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 11</p>	<p>Transaction ID: B-E-37758 Date of Disbursement 10 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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<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)
Kathy Dahlkemper For Congress

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512-1045

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Kathleen Dahlkemper

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: B-E-37757

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Kosmas for Congress

Mailing Address P.O. Box 1547

City New Smyrna Beach State FL Zip Code 32170

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Suzanne Kosmas

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 24

Transaction ID: B-E-37759

Date of Disbursement

10 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

121500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 107 / 107
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Fee
Mailing Address 607 Fourteenth Street, NW	
City State ZIP Code Washington DC 20005	

Outstanding Balance Beginning This Period 898.00	Transaction ID: SD10-DEBT37380	
Amount Incurred This Period 0.00	Payment This Period 898.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Fraiola & Associates	Nature of Debt (Purpose): Fundraising Fee & Expenses
Mailing Address 80 F St Ste 804	
City State ZIP Code Washington DC 20001-1528	

Outstanding Balance Beginning This Period 3255.28	Transaction ID: SD10-DEBT37378	
Amount Incurred This Period 0.00	Payment This Period 3255.28	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00