

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 371 Whitfield St. #3 Check if different than previously reported. (ACC) Guilford CT 06437

2. FEC IDENTIFICATION NUMBER C00429423 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Elizabeth A. Cooper

Signature of Treasurer Electronically Filed by Elizabeth A. Cooper Date 01 05 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Latino Citizens for Respect

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		0.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	6947.86									
(c) Total Receipts (from Line 19)	94200.00	104700.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	101147.86	104700.00								
7. Total Disbursements (from Line 31)	73235.77	76787.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27912.09	27912.09								
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)	33189.95									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Latino Citizens for Respect

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	21500.00	22000.00
(i) Itemized (use Schedule A)	200.00	200.00
(ii) Unitemized	21700.00	22200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	72500.00	82500.00
(c) Other Political Committees (such as PACs)	94200.00	104700.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	94200.00	104700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	94200.00	104700.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	33992.05	37544.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	33992.05	37544.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditure (use Schedule E)	32743.72	32743.72
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	5000.00	5000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	73235.77	76787.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	73235.77	76787.91

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	94200.00	104700.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	89200.00	99700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	33992.05	37544.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	33992.05	37544.19

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial)
Ms. M. Elizabeth Arky

Mailing Address 3915 Hillandale Ct. NW

City Washington State DC Zip Code 20007

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

Name of Employer Accenture Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: A2006-1754322

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Christopher Bernard

Mailing Address 19 Hampton Drive

City Woodbridge State CT Zip Code 06525

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

Name of Employer Koskoff Koskoff & Bieder Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: A2006-1754310

Amount of Each Receipt this Period
500.00

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

Mailing Address 19 Millertown Road

City Bedford State NY Zip Code 10506

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

Name of Employer Koskoff Koskoff & Bieder Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: A2006-1754312

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial)
Ron Burkle

Mailing Address 9130 Sunset Blvd

City State Zip Code
Los Angeles CA 90069

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

Name of Employer Yucaipa Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 6

Transaction ID: A2006-1754321

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Landon Butler

Mailing Address 700 Thirteenth St. NW

City State Zip Code
Washington DC 20005

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

Name of Employer Landon Butler and Co. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: A2006-1754320

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Gordon 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 Yale University Occupation Associate Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: A2006-1754316

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 54
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial) Rona Stahl Ginott		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 650 Lake Avenue		Transaction ID: A2006-1754309
City State Zip Code Greenwich CT 06830	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Self-employed Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) James Horwitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 24 Oak Hill Lane		Transaction ID: A2006-1754311
City State Zip Code Woodbridge CT 06525	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Koskoff Koskoff & Bieder Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Joshua Koskoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6
Mailing Address 1 Harding Lane		Transaction ID: A2006-1754313
City State Zip Code Westport CT 06880	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Koskoff Koskoff & Bieder Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-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 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 54
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Michael Koskoff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 350 Fairfield Ave.		Transaction ID: A2006-1754314	
City State Zip Code Bridgeport CT 06604	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Koskoff Koskoff & Bieder	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Leslie Mills		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 132 Beach Avenue		Transaction ID: A2006-1754319	
City State Zip Code Milford CT 06460	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Iota Inc./Bluebird	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Kathleen Nastri		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Mailing Address 554 Busk Ct.		Transaction ID: A2006-1754315	
City State Zip Code Cheshire CT 06410	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Koskoff Koskoff & Bieder	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 54
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

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

Mailing Address 184 Atlantic St.

City State Zip Code
Stamford CT 06901

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

Name of Employer Occupation
Silver Golub & Teitell Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: A2006-1754308

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
John W Wilhelm

Mailing Address PO Box 94

City State Zip Code
Guilford CT 06437

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

Name of Employer Occupation
UNITE HERE President- Hospitality Divisio

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: A2006-1754318

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	21500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 54
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

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

Mailing Address 6849 Old Dominion Drive Suite 222

City State Zip Code
McLean VA 22101

FEC ID number of contributing federal political committee. **C** C00409623

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: A5750

Amount of Each Receipt this Period
5000.00

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

Mailing Address PO Box 2069

City State Zip Code
Phoenix AZ 85001

FEC ID number of contributing federal political committee. **C** C00347443

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: A5752

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Solis for Congress

Mailing Address 8665 Wilshire Blvd. #220

City State Zip Code
Beverly Hills CA 95814

FEC ID number of contributing federal political committee. **C** C00346296

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

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

Transaction ID: A5751

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 54
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

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

Mailing Address 236 Massachusetts Ave. NE #310

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: A5753

Amount of Each Receipt this Period
5000.00

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

Mailing Address 290 Post Road W.

City Westport State CT Zip Code 06881

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 6

Transaction ID: A5754

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Amalgamated Life Insurance Company PAC

Mailing Address 730 Broadway

City New York State NY Zip Code 10003

FEC ID number of contributing federal political committee. **C** C00369827

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A5755

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 13 / 54

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial)
Charles Gonzalez Congressional Campaign

Mailing Address P.O. Box 12612

City State Zip Code
San Antonio TX 78212

FEC ID number of contributing federal political committee. **C** C00330084

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A5756

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Machinists Non-Partisan Political League

Mailing Address 9000 Machinist Place

City State Zip Code
Upper Marlboro MD 20772

FEC ID number of contributing federal political committee. **C** C00002469

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: A5757

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AFSCME P E O P L E

Mailing Address 1625 L Street NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: A5759

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 54
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
 Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Anna Eshoo for Congress		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 555 Capitol Mall Suite 1425		Transaction ID: A5758	
City State Zip Code Sacramento CA 95814	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00258475			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. I.B.E.W. C.O.P.E.		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 900 Seventh St. NW		Transaction ID: A5761	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00027342			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Sheet Metal Workers Political Action League		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6	
Mailing Address 1750 New York Avenue		Transaction ID: A5760	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00007542			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 54
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
 Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial)
 American Federation of Teachers COPE

Mailing Address 555 New Jersey Ave. NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

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

Transaction ID: A5763

Amount of Each Receipt this Period
 5000.00

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

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

FEC ID number of contributing federal political committee. **C** C00264101

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

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

Transaction ID: A5766

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
 Committee for a Democratic Majority

Mailing Address 301 Fourth St. NE Suite 202

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00302067

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

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

Transaction ID: A5767

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)	▶	11000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 54
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Gutierrez for Congress		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 2750 North Ashland Ave.		Transaction ID: A5765	
City State Zip Code Chicago IL 60614	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00254581			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Ironworkers Political Action League		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 1750 New York Avenue		Transaction ID: A5762	
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C C00027359			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rienzi and Sons		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6	
Mailing Address 18-81 Steinway St.		Transaction ID: A5768	
City State Zip Code Astoria NY 11105	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation	Aggregate Year-to-Date ▼ 5000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 54						
	(check only one)							
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
 Latino Citizens for Respect

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

Mailing Address P.O. Box 675

City State Zip Code
 Bolton MS 39041

FEC ID number of contributing federal political committee. **C** C00411611

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

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

Transaction ID: A5764

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3069 Conquista Court

City State Zip Code
 Las Vegas NV 89121

FEC ID number of contributing federal political committee. **C** C00325738

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3500.00

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

Transaction ID: A5770

Amount of Each Receipt this Period
 3500.00

C. Full Name (Last, First, Middle Initial)
 Harrah's Entertainment Inc. PAC

Mailing Address One Harrah's Court

City State Zip Code
 Las Vegas NV 89119

FEC ID number of contributing federal political committee. **C** C00239947

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2500.00

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

Transaction ID: A5769

Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
TOTAL This Period (last page this line number only)	▶	72500.00

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Rainbow Restaurant		Transaction ID: B155000 Date of Disbursement 10 / 19 / 2006
Mailing Address 1329 E. Main St.		Amount of Each Disbursement this Period 80.00
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

Full Name (Last, First, Middle Initial) B. Family Dollar Store		Transaction ID: B155002 Date of Disbursement 10 / 20 / 2006
Mailing Address 525 John St.		Amount of Each Disbursement this Period 69.96
City Bridgeport State CT Zip Code 06604	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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B155003 Date of Disbursement 10 / 20 / 2006
Mailing Address 85 North Main St.		Amount of Each Disbursement this Period 27.43
City Branford State CT Zip Code 06405	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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	177.39
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Stop & Shop		Transaction ID: B155004 Date of Disbursement 10 / 21 / 2006
Mailing Address 4357 Main St.		Amount of Each Disbursement this Period 58.92
City Bridgeport State CT Zip Code 06606	001 Category/ Type	
Purpose of Disbursement Food for Staff - office supplies		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) B. Rainbow Restaurant		Transaction ID: B155005 Date of Disbursement 10 / 21 / 2006
Mailing Address 1329 E. Main St.		Amount of Each Disbursement this Period 70.00
City Bridgeport State CT Zip Code 06608	001 Category/ Type	
Purpose of Disbursement Food for Staff		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) C. Morla Restaurant		Transaction ID: B155006 Date of Disbursement 10 / 21 / 2006
Mailing Address 420 E. Main St.		Amount of Each Disbursement this Period 28.50
City Bridgeport State CT Zip Code 06608	001 Category/ Type	
Purpose of Disbursement Food for Staff		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

SUBTOTAL of Disbursements This Page (optional) ▶	157.42
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Stop & Shop		Transaction ID: B155007 Date of Disbursement 10 / 21 / 2006	
Mailing Address 4357 Main St.		Amount of Each Disbursement this Period 103.82	
City Bridgeport	State CT	Zip Code 06606	001 Category/ Type
Purpose of Disbursement Food for Staff			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		
State: District:			

Full Name (Last, First, Middle Initial) B. Ana Polanco		Transaction ID: B155099 Date of Disbursement 10 / 22 / 2006	
Mailing Address 6035 Broadway Apt. 6J		Amount of Each Disbursement this Period 100.00	
City Bronx	State NY	Zip Code 10463	001 Category/ Type
Purpose of Disbursement Reimb.-Office supplies/food			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		
State: District:			

Full Name (Last, First, Middle Initial) C. Gwen Mills		Transaction ID: B155100 Date of Disbursement 10 / 22 / 2006	
Mailing Address 49 Livingston St.		Amount of Each Disbursement this Period 614.57	
City New Haven	State CT	Zip Code 06511	001 Category/ Type
Purpose of Disbursement Reimb.-office supplies/printing/food			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶

818.39

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Rainbow Restaurant		Transaction ID: B155009 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1329 E. Main St.		Amount of Each Disbursement this Period 67.00
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

Full Name (Last, First, Middle Initial) B. Shell Gas		Transaction ID: B155010 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 4402 Main Street		Amount of Each Disbursement this Period 6.94
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Gas cards Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B155011 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 85 North Main St.		Amount of Each Disbursement this Period 111.27
City Branford State CT Zip Code 06405	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional) ▶	185.21
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Shell Gas		Transaction ID: B155013 Date of Disbursement 10 / 24 / 2006	
Mailing Address 4402 Main Street		Amount of Each Disbursement this Period 280.00	
City Bridgeport State CT Zip Code 06606	Purpose of Disbursement Gas cards	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) B. Rainbow Restaurant		Transaction ID: B155014 Date of Disbursement 10 / 24 / 2006	
Mailing Address 1329 E. Main St.		Amount of Each Disbursement this Period 112.00	
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) C. Rainbow Restaurant		Transaction ID: B155016 Date of Disbursement 10 / 25 / 2006	
Mailing Address 1329 E. Main St.		Amount of Each Disbursement this Period 67.00	
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

SUBTOTAL of Disbursements This Page (optional) ▶	459.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Rainbow Restaurant		Transaction ID: B155018 Date of Disbursement 10 / 26 / 2006
Mailing Address 1329 E. Main St.		Amount of Each Disbursement this Period 67.00
City Bridgeport	State CT Zip Code 06608	
Purpose of Disbursement Food for Staff		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Not Applicable	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: B155019 Date of Disbursement 10 / 26 / 2006
Mailing Address 85 North Main St.		Amount of Each Disbursement this Period 190.62
City Branford	State CT Zip Code 06405	
Purpose of Disbursement Office supplies		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Not Applicable	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B155021 Date of Disbursement 10 / 27 / 2006
Mailing Address 1701 South Figueroa		Amount of Each Disbursement this Period 40.68
City Los Angeles	State CA Zip Code 90015	
Purpose of Disbursement Office supplies		001 Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Not Applicable	

SUBTOTAL of Disbursements This Page (optional) ▶

298.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Stop & Shop		Transaction ID: B155022 Date of Disbursement 10 / 28 / 2006
Mailing Address 4357 Main St.		Amount of Each Disbursement this Period 29.97
City Bridgeport State CT Zip Code 06606	Purpose of Disbursement Food for Staff Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) B. Rainbow Restaurant		Transaction ID: B155024 Date of Disbursement 10 / 29 / 2006
Mailing Address 1329 E. Main St.		Amount of Each Disbursement this Period 90.00
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) C. Stop & Shop		Transaction ID: B155026 Date of Disbursement 10 / 30 / 2006
Mailing Address 4357 Main St.		Amount of Each Disbursement this Period 44.62
City Bridgeport State CT Zip Code 06606	Purpose of Disbursement Food for Staff Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

SUBTOTAL of Disbursements This Page (optional) ► **164.59**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

A. Rainbow Restaurant Full Name (Last, First, Middle Initial) Mailing Address 1329 E. Main St. City Bridgeport State CT Zip Code 06608 Purpose of Disbursement Food for Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B155027 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 90.00 001 Category/ Type
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B. Staples Full Name (Last, First, Middle Initial) Mailing Address 85 North Main St. City Branford State CT Zip Code 06405 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: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B155028 Date of Disbursement 10 / 30 / 2006 Amount of Each Disbursement this Period 24.43 001 Category/ Type
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C. Shell Gas Full Name (Last, First, Middle Initial) Mailing Address 4402 Main Street City Bridgeport State CT Zip Code 06606 Purpose of Disbursement Gas cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B155035 Date of Disbursement 10 / 31 / 2006 Amount of Each Disbursement this Period 400.00 001 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) ▶	514.43
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Ramirez Restaurant		Transaction ID: B155036 Date of Disbursement 10 / 31 / 2006
Mailing Address 1234 E. Main St.		Amount of Each Disbursement this Period 189.74
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) B. Ramirez Restaurant		Transaction ID: B155040 Date of Disbursement 11 / 01 / 2006
Mailing Address 1234 E. Main St.		Amount of Each Disbursement this Period 137.80
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) C. Costco Inc		Transaction ID: B155043 Date of Disbursement 11 / 02 / 2006
Mailing Address 1718 Boston Post Road		Amount of Each Disbursement this Period 315.15
City Milford State CT Zip Code 06460	Purpose of Disbursement Office supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

SUBTOTAL of Disbursements This Page (optional) ▶	642.69
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Shell Gas		Transaction ID: B155044 Date of Disbursement 11 / 02 / 2006	
Mailing Address 4402 Main Street		Amount of Each Disbursement this Period 50.00	
City Bridgeport State CT Zip Code 06606	Purpose of Disbursement Gas cards Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) B. Ramirez Restaurant		Transaction ID: B155045 Date of Disbursement 11 / 02 / 2006	
Mailing Address 1234 E. Main St.		Amount of Each Disbursement this Period 174.90	
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B155046 Date of Disbursement 11 / 02 / 2006	
Mailing Address 85 North Main St.		Amount of Each Disbursement this Period 61.11	
City Branford State CT Zip Code 06405	Purpose of Disbursement Office supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

SUBTOTAL of Disbursements This Page (optional) ▶	286.01
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. New England Enterprises		Transaction ID: B155069 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 30 N. Plains Industrial Rd.		Amount of Each Disbursement this Period 1016.66
City Wallinford State CT Zip Code 06492		
Purpose of Disbursement T-shirts/office supplies Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) B. Ramirez Restaurant		Transaction ID: B155075 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 1234 E. Main St.		Amount of Each Disbursement this Period 300.51
City Bridgeport State CT Zip Code 06608		
Purpose of Disbursement Food for Staff Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) C. Shell Gas		Transaction ID: B155076 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6
Mailing Address 4402 Main Street		Amount of Each Disbursement this Period 400.00
City Bridgeport State CT Zip Code 06606		
Purpose of Disbursement Gas cards Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

SUBTOTAL of Disbursements This Page (optional) ▶	1717.17
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Stop & Shop		Transaction ID: B155077 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 4 / 2 0 0 6	
Mailing Address 4357 Main St.		Amount of Each Disbursement this Period 95.06	
City Bridgeport State CT Zip Code 06606	Purpose of Disbursement Food for Staff Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) B. Ramirez Restaurant		Transaction ID: B155083 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 1234 E. Main St.		Amount of Each Disbursement this Period 272.60	
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: B155084 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6	
Mailing Address 85 North Main St.		Amount of Each Disbursement this Period 52.21	
City Branford State CT Zip Code 06405	Purpose of Disbursement Office Supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

SUBTOTAL of Disbursements This Page (optional) ▶	419.87
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

A. Shell Gas Full Name (Last, First, Middle Initial) Mailing Address 4402 Main Street City Bridgeport State CT Zip Code 06606 Purpose of Disbursement Gas cards Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B155086 Date of Disbursement 11 / 06 / 2006 Amount of Each Disbursement this Period 300.00 001 Category/ Type
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B. Stop & Shop Full Name (Last, First, Middle Initial) Mailing Address 4357 Main St. City Bridgeport State CT Zip Code 06606 Purpose of Disbursement Food for Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B155087 Date of Disbursement 11 / 06 / 2006 Amount of Each Disbursement this Period 51.39 001 Category/ Type
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C. Morla Restaurant Full Name (Last, First, Middle Initial) Mailing Address 420 E. Main St. City Bridgeport State CT Zip Code 06608 Purpose of Disbursement Food for Staff Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		Transaction ID: B155088 Date of Disbursement 11 / 06 / 2006 Amount of Each Disbursement this Period 282.50 001 Category/ Type
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SUBTOTAL of Disbursements This Page (optional) ▶	633.89
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Ramirez Restaurant		Transaction ID: B155090 Date of Disbursement 11 / 07 / 2006
Mailing Address 1234 E. Main St.		Amount of Each Disbursement this Period 530.18
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) B. Family Dollar Store		Transaction ID: B155091 Date of Disbursement 11 / 07 / 2006
Mailing Address 525 John St.		Amount of Each Disbursement this Period 63.60
City Bridgeport State CT Zip Code 06604	Purpose of Disbursement Office supplies and rain ponchos Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) C. Ramirez Restaurant		Transaction ID: B155094 Date of Disbursement 11 / 08 / 2006
Mailing Address 1234 E. Main St.		Amount of Each Disbursement this Period 37.00
City Bridgeport State CT Zip Code 06608	Purpose of Disbursement Food for Staff Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

SUBTOTAL of Disbursements This Page (optional) ▶	630.78
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Bridgeport Town Clerk		Transaction ID: B155095 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6
Mailing Address 45 Lyon Terrace Rm 204		Amount of Each Disbursement this Period 75.00
City Bridgeport State CT Zip Code 06604	Purpose of Disbursement Voter file	
Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) B. Gwen Mills		Transaction ID: B155101 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6
Mailing Address 49 Livingston St.		Amount of Each Disbursement this Period 714.00
City New Haven State CT Zip Code 06511	Purpose of Disbursement Reimb.-office supplies/food/printing	
Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) C. Bridgeport Town Clerk		Transaction ID: B155098 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6
Mailing Address 45 Lyon Terrace Rm 204		Amount of Each Disbursement this Period 223.00
City Bridgeport State CT Zip Code 06604	Purpose of Disbursement Voter file	
Candidate Name		001 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

SUBTOTAL of Disbursements This Page (optional) ▶	1012.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. UFCW Local 371		Transaction ID: B155102 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6	
Mailing Address 290 Post Road W.		Amount of Each Disbursement this Period 250.00	
City Westport State CT Zip Code 06881	Purpose of Disbursement Rental space Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) B. UNITE HERE Local 34		Transaction ID: B155103 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6	
Mailing Address 425 College Street		Amount of Each Disbursement this Period 6740.06	
City New Haven State CT Zip Code 06511	Purpose of Disbursement Reimb.-staff salaries Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) C. Beth Cooper		Transaction ID: B155104 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 371 Whitfield St.		Amount of Each Disbursement this Period 2173.24	
City Guilford State CT Zip Code 06437	Purpose of Disbursement Reimb-office rental/food/gas/supplies Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

SUBTOTAL of Disbursements This Page (optional) ▶	9163.30
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Public Affairs Support Services Inc.		Transaction ID: B155105 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1020 North Fairfax St. 5th Floor		Amount of Each Disbursement this Period 1624.41
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Report prep. Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) B. Lichtman Trister and Ross PLLC		Transaction ID: B155106 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1666 Connecticut Ave. NW		Amount of Each Disbursement this Period 6864.19
City Washington State DC Zip Code 20009	Purpose of Disbursement Legal Services Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

Full Name (Last, First, Middle Initial) C. CT Democratic State Central Cmte		Transaction ID: B156031 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6
Mailing Address 36 Woodland Street		Amount of Each Disbursement this Period 6500.00
City Hartford State CT Zip Code 06105	Purpose of Disbursement Purchase of voter list Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	

SUBTOTAL of Disbursements This Page (optional)	14988.60
TOTAL This Period (last page this line number only)	32269.04

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial)
Courtney for Congress

Mailing Address P.O. Box 1372

City Rockville State CT Zip Code 06226

Purpose of Disbursement
G-2006 U.S. House 02 CT

Candidate Name
Joseph Courtney

Office Sought: House
 Senate
 President

State: CT District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B155073

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
G-2006 U.S. House 5 CT

Candidate Name
Christopher Murphy

Office Sought: House
 Senate
 President

State: CT District: 5

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: B155074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

Full Name (Last, First, Middle Initial) A. Rienzi and Sons		Transaction ID: B155107	
Mailing Address 18-81 Steinway St.		Date of Disbursement 11 / 27 / 2006	
City Astoria	State NY	Zip Code 11105	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Refund to Corporation		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		
State: NY	District:		

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Elizabeth Cooper	Nature of Debt (Purpose): Rent and supplies for Staff & Volunteers
Mailing Address 371 Whitfield St. #3	
City State ZIP Code Guilford CT 06437	

Outstanding Balance Beginning This Period 1953.24	Transaction ID: SD-1	
Amount Incurred This Period 0.00	Payment This Period 1953.24	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Peter D. Hart Research Associates Inc.	Nature of Debt (Purpose): Polling - see Schedule E
Mailing Address 1724 Connecticut Ave. NW	
City State ZIP Code Washington DC 20009	

Outstanding Balance Beginning This Period 5500.00	Transaction ID: SD-2	
Amount Incurred This Period 0.00	Payment This Period 5500.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Urban Art Lithography	Nature of Debt (Purpose): Printing - see Schedule E
Mailing Address 2331 C Street	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 1692.86	Transaction ID: SD-3	
Amount Incurred This Period 4963.71	Payment This Period 0.00	Outstanding Balance at Close of This Period 6656.57

1) SUBTOTALS This Period This Page (optional).....	6656.57
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 38 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MailRite	Nature of Debt (Purpose): Mailhouse - see Schedule E
Mailing Address 834 Striker Avenue #C	
City State ZIP Code Sacramento CA 94834	

Outstanding Balance Beginning This Period 5297.13	Transaction ID: SD-4	
Amount Incurred This Period 12549.57	Payment This Period 0.00	Outstanding Balance at Close of This Period 17846.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Digital Tractor	Nature of Debt (Purpose): Printing - see Schedule E
Mailing Address 1700 L Street	
City State ZIP Code Sacramento CA 95814	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD-5	
Amount Incurred This Period 202.99	Payment This Period 0.00	Outstanding Balance at Close of This Period 202.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PROMOCO	Nature of Debt (Purpose): Printing - see Schedule E
Mailing Address 401 Seventh Street	
City State ZIP Code Petaluma CA 94952	

Outstanding Balance Beginning This Period 0.00	Transaction ID: SD-6	
Amount Incurred This Period 438.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 438.00

1) SUBTOTALS This Period This Page (optional).....	▶	18487.69
2) TOTALS This Period (last page this line number only).....	▶	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 / 54
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
 Latino Citizens for Respect

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Homestead Studio Suite Hotels	Nature of Debt (Purpose): Hotel Room Expenses
Mailing Address 400 Main Street	
City State ZIP Code Norwalk CT 06851	

Outstanding Balance Beginning This Period	Transaction ID: SD-7	
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
8045.69	0.00	8045.69

1) SUBTOTALS This Period This Page (optional).....	8045.69
2) TOTALS This Period (last page this line number only).....	33189.95
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ADP Payroll Processing

Date
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Mailing Address
300 Long Beach Blvd.

Amount
2269.21

City State Zip Code
Stratford CT 06615

Transaction ID: B155096
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure
Staff Services
Category/Type 001

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 2269.21

Staff Services

Full Name (Last, First, Middle, Initial) of Payee
ADP Payroll Processing

Date
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Mailing Address
300 Long Beach Blvd.

Amount
2269.22

City State Zip Code
Stratford CT 06615

Transaction ID: B155097
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure
Staff services
Category/Type 001

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 2269.22

Staff services

(a) SUBTOTAL of Itemized Independent Expenditures	4538.43
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
El Registro

Mailing Address
40 Sargent Drive

City State Zip Code
New Haven CT 06511

Purpose of Expenditure Category/Type
Advertising 004

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Calendar Year-To-Date Per Election for Office Sought 3320.71

Date
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount
551.50
Transaction ID: B155030

Office Sought: House State: CT
 Senate District: 4
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Advertising

Full Name (Last, First, Middle, Initial) of Payee
El Registro

Mailing Address
40 Sargent Drive

City State Zip Code
New Haven CT 06511

Purpose of Expenditure Category/Type
Advertising 004

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Calendar Year-To-Date Per Election for Office Sought 3320.72

Date
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Amount
551.50
Transaction ID: B155031

Office Sought: House State: CT
 Senate District: 4
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Advertising

(a) SUBTOTAL of Itemized Independent Expenditures	1103.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
La Voz

Date
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Mailing Address
35 Elm Street

Amount
500.00

City State Zip Code
New Haven CT 06510

Transaction ID: B155032

Purpose of Expenditure Category/Type
Advertising 004

Office Sought: House State: CT
 Senate District: 4
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
3320.71

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
La Voz

Advertising

Mailing Address
35 Elm St.

Date
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

City State Zip Code
New Haven CT 06510

Amount
500.00

Purpose of Expenditure Category/Type
Advertising 004

Transaction ID: B155033

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Office Sought: House State: CT
 Senate District: 4
 Presidential

Calendar Year-To-Date Per Election for Office Sought
3320.72

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Advertising

(a) SUBTOTAL of Itemized Independent Expenditures	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ADP Payroll Processing

Mailing Address
300 Long Beach Blvd.

City State Zip Code
Stratford CT 06615

Purpose of Expenditure Category/Type
Staff services 004

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Calendar Year-To-Date Per Election for Office Sought 5732.08

Date
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Amount
2411.37

Transaction ID: B156037

Office Sought: House State: CT
 Senate District: 4
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Staff services

Full Name (Last, First, Middle, Initial) of Payee
ADP Payroll Processing

Mailing Address
300 Long Beach Blvd.

City State Zip Code
Stratford CT 06615

Purpose of Expenditure Category/Type
Staff services 004

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Calendar Year-To-Date Per Election for Office Sought 5732.08

Date
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Amount
2411.36

Transaction ID: B156038

Office Sought: House State: CT
 Senate District: 4
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Staff services

(a) SUBTOTAL of Itemized Independent Expenditures	4822.73
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Peter D. Hart Research Assoc. Inc.

Date
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 6

Mailing Address
1724 Connecticut Ave. NW

Amount
2750.00

City State Zip Code
Washington DC 20009

Transaction ID: B155079

Purpose of Expenditure
Polling

Category/Type 005

Office Sought: House State: CT
 Senate District: 4
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
8482.08

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
Peter D. Hart Research Assoc. Inc.

Polling

Mailing Address
1724 Connecticut Ave. NW

Date
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 0 6

City State Zip Code
Washington DC 20009

Amount
2750.00

Purpose of Expenditure
Polling

Category/Type 005

Transaction ID: B155080

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Office Sought: House State: CT
 Senate District: 4
 Presidential

Calendar Year-To-Date Per Election for Office Sought
8482.08

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	5500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ADP Payroll Processing

Date
M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 6

Mailing Address
300 Long Beach Blvd.

Amount
159.29

City State Zip Code
Stratford CT 06614

Transaction ID: B156041

Purpose of Expenditure
Staff Services

Category/Type 001

Office Sought: House State: CT
 Senate District: 4
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
8641.37

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
ADP Payroll Processing

Staff Services

Mailing Address
300 Long Beach Blvd.

Date
M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

City State Zip Code
Stratford CT 06615

Amount
6557.14

Purpose of Expenditure
Staff Services

Category/Type 001

Transaction ID: B156039

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Office Sought: House State: CT
 Senate District: 4
 Presidential

Calendar Year-To-Date Per Election for Office Sought
15198.51

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Staff Services

(a) SUBTOTAL of Itemized Independent Expenditures	6716.43
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
ADP Payroll Processing

Date
M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 6

Mailing Address
300 Long Beach Blvd.

Amount
6657.14

City State Zip Code
Stratford CT 06615

Transaction ID: B156040
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure
Staff Services

Category/Type
001

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 15139.22

Disbursement For: Primary General 2006
 Other (specify) : _____

Full Name (Last, First, Middle, Initial) of Payee
ADP Payroll Processing

Date
M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Mailing Address
300 Long Beach Blvd

Amount
159.29

City State Zip Code
Stratford CT 06615

Transaction ID: B156042
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure
Staff Services

Category/Type
001

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 15298.51

Disbursement For: Primary General 2006
 Other (specify) : _____

(a) SUBTOTAL of Itemized Independent Expenditures	6816.43
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
UNITE HERE Local 34

Mailing Address
425 College St.

City	State	Zip Code
New Haven	CT	06511

Purpose of Expenditure Reimburse for staff services	Category/Type 001
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Calendar Year-To-Date Per Election for Office Sought	16321.86
--	----------

Date
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Amount
1123.35

Transaction ID: B156032

Office Sought: House State: CT
 Senate District: 4
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Staff Services

Full Name (Last, First, Middle, Initial) of Payee
UNITE HERE Local 34

Mailing Address
425 College St.

City	State	Zip Code
New Haven	CT	06511

Purpose of Expenditure Reimburse for staff services	Category/Type 001
--	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Calendar Year-To-Date Per Election for Office Sought	16421.86
--	----------

Date
M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 6

Amount
1123.35

Transaction ID: B156033

Office Sought: House State: CT
 Senate District: 4
 Presidential

Check One: Support Oppose

Disbursement For: Primary General 2006
 Other (specify) : _____

Staff Services

(a) SUBTOTAL of Itemized Independent Expenditures	2246.70
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Elizabeth A Cooper
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER ▼ C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Promoco

Date

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

Mailing Address
401 7th Street

Amount

318.00

City Petaluma	State CA	Zip Code 94952
------------------	-------------	-------------------

Transaction ID: 15

Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure Campaign Materials	Category/ Type 006
--	--------------------------

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought	16639.86
---	----------

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Urban Art Lithography

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Mailing Address
2331 C Street

Amount

706.63

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

Transaction ID: 18

Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure Printing	Category/ Type 006
------------------------------------	--------------------------

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought	17346.49
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[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cooper Elizabeth
Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MailRite

Date
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Mailing Address
834 Striker Avenue #C

Amount
2353.38

City State Zip Code
Sacramento CA 94834

Transaction ID: 19
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure Category/Type
Mailhouse 006

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
19699.87

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Urban Art Lithography

Date
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Mailing Address
2331 C Street

Amount
706.63

City State Zip Code
Sacramento CA 95814

Transaction ID: 22
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure Category/Type
Printing 006

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
16948.49

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cooper Elizabeth
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MailRite

Date
M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Mailing Address
834 Striker Avenue #C

Amount
2353.38

City State Zip Code
Sacramento CA 94834

Transaction ID: 23
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure
Mailhouse

Category/Type
006

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 19301.87

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Urban Art Lithography

Date
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Mailing Address
2331 C Street

Amount
1606.56

City State Zip Code
Sacramento CA 95814

Transaction ID: 27
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure
Printing

Category/Type
006

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought 21306.43

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cooper Elizabeth
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER ▼ C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MailRite

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	6

Mailing Address
834 Striker Avenue #C

Amount

4015.11

City Sacramento	State CA	Zip Code 94834
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Transaction ID: 28

Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure Mailhouse	Category/ Type
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006

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought

25321.54

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Digital Tractors

Date

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

Mailing Address
1700 L Street

Amount

46.55

City Sacramento	State CA	Zip Code 95814
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Transaction ID: 30

Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure Printing	Category/ Type
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006

Check One: Support Oppose

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Disbursement For: Primary General 2006
 Other (specify) : _____

Calendar Year-To-Date Per Election
for Office Sought

25368.09

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	<table style="border: 1px solid black; width: 100%; height: 20px;"> <tr> <td style="text-align: right; padding: 2px;">0.00</td> </tr> </table>	0.00
0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	<table style="border: 1px solid black; width: 100%; height: 20px;"> <tr> <td style="text-align: right; padding: 2px;">0.00</td> </tr> </table>	0.00
0.00		
(c) TOTAL Independent Expenditures	<table style="border: 1px solid black; width: 100%; height: 20px;"> <tr> <td style="text-align: right; padding: 2px;"> </td> </tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cooper Elizabeth
Signature

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	0	7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Digital Tractors

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

Mailing Address
1700 L Street

Amount
183.18

City State Zip Code
Sacramento CA 95814

Transaction ID: 34
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure
Newspaper Advertisement
Category/Type 004

Name of Federal Candidate supported or Opposed by expenditure:
Christopher Shays

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
25551.27

Disbursement For: Primary General 2006
 Other (specify) : _____
[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Urban Art Lithography

Date
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Mailing Address
2331 C Street

Amount
1606.56

City State Zip Code
Sacramento CA 95814

Transaction ID: 35
Office Sought: House State: CT
 Senate District: 4
 Presidential

Purpose of Expenditure
Printing
Category/Type 006

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
20918.43

Disbursement For: Primary General 2006
 Other (specify) : _____
[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cooper Elizabeth
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Latino Citizens for Respect	FEC IDENTIFICATION NUMBER C C00429423
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
MailRite

Date
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Mailing Address
834 Striker Avenue #C

Amount
4015.11

City State Zip Code
Sacramento CA 94834

Transaction ID: 36

Purpose of Expenditure
Mailhouse

Category/Type
006

Office Sought: House State: CT
 Senate District: 4
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 24933.54

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

Full Name (Last, First, Middle, Initial) of Payee
Digital Tractors

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

Mailing Address
1700 L Street

Amount
46.55

City State Zip Code
Sacramento CA 95814

Transaction ID: 38

Purpose of Expenditure
Printing

Category/Type
006

Office Sought: House State: CT
 Senate District: 4
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Diane Farrell

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 24980.09

Disbursement For: Primary General 2006
 Other (specify) : _____

[MEMO ITEM]

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Cooper Elizabeth
Signature

Date M M / D D / Y Y Y Y
0 1 / 0 5 / 2 0 0 7

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) Latino Citizens for Respect		FEC IDENTIFICATION NUMBER C C00429423	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6	
Full Name (Last, First, Middle, Initial) of Payee Digital Tractors		Amount 183.18	
Mailing Address 1700 L Street		Transaction ID: 42	
City Sacramento	State CA	Zip Code 95814	Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 4 <input type="checkbox"/> Presidential
Purpose of Expenditure Newspaper Advertisement		Category/ Type	004
Name of Federal Candidate supported or Opposed by expenditure: Diane Farrell		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		25163.27	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
		[MEMO ITEM]	

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	32743.72
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Cooper Elizabeth Signature	Date M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7