

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

LARSON FOR CONGRESS

ADDRESS (number and street) 29 RUFF CIRCLE

Check if different than previously reported. (ACC)

GLASTONBURY CT 06033

2. **FEC IDENTIFICATION NUMBER** C00330142

CITY STATE ZIP CODE STATE DISTRICT

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

CT 01

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

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

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

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

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

5. Covering Period 11 25 2008 through 12 31 2008

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

Type or Print Name of Treasurer Barry Feldman

Signature of Treasurer Electronically Filed by Barry Feldman Date 10 01 2009

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

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

LARSON FOR CONGRESS

Report Covering the Period:

From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	12005.00	12355.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	12005.00	12355.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	30491.48	59216.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	246.30	246.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	30245.18	58970.14
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>461365.00</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
LARSON FOR CONGRESS

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	6600.00	6600.00
(i) Itemized (use Schedule A).....	5405.00	5755.00
(ii) Unitemized.....	12005.00	12355.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	12005.00	12355.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	246.30	246.30
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	1093.92	1773.77
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	13345.22	14375.07

**DETAILED SUMMARY PAGE**

of Disbursements

**II. DISBURSEMENTS**

**COLUMN A  
Total This Period**

**COLUMN B  
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	30491.48	59216.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	29500.00	34500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	59991.48	93716.44

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	508011.26
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	13345.22
25. SUBTOTAL (add Line 23 and Line 24).....	521356.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	59991.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	461365.00

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

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

FOR LINE NUMBER: PAGE 5 / 36  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

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

Mailing Address 26569 Community Center Drive

City Highland State CA Zip Code 92346

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation N/A

Receipt For: 2010  
 Primary    General  
 Other (specify) Convention

Election Cycle-to-Date 2000.00

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

**Transaction ID:** SA11AI.32063

Amount of Each Receipt this Period 2000.00

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

Mailing Address 16 Dexter Road

City Rocky Hill State CT Zip Code 06067

FEC ID number of contributing federal political committee. C

Name of Employer Nxegen, Inc. Occupation President

Receipt For: 2010  
 Primary    General  
 Other (specify) Convention

Election Cycle-to-Date 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

**Transaction ID:** SA11AI.32226

Amount of Each Receipt this Period 250.00

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

Mailing Address 126 Meadowgate

City Wethersfield State CT Zip Code 06109

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) Convention

Election Cycle-to-Date 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

**Transaction ID:** SA11AI.32254

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 36  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Geraud M. H. Darnis

Mailing Address 19 Cobtail Way

City State Zip Code  
**Simsbury CT 06070**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
United Technologies President - Carrier Corporation

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

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

**Transaction ID:** SA11AI.32060

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edward S. Johnson

Mailing Address 114 Woodland Street

City State Zip Code  
**Hartford CT 06105**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Saint Francis Hospital Administrator

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

**Transaction ID:** SA11AI.32222

Amount of Each Receipt this Period  
250.00

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

Mailing Address 96 Orchard Hill Drive

City State Zip Code  
**Wethersfield CT 06109**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
D'Esopo Funeral Chapel Funeral Director

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

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.33719

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Anne C. Kuckro		Date of Receipt
	Mailing Address 471 Main Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Wethersfield	CT	06109
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.32079
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer None		Occupation None	<input type="text"/> 250.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) ▼ Convention		
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lee G. Kuckro		Date of Receipt
	Mailing Address 471 Main Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Wethersfield	CT	06109
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.32078
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Retired		Occupation Retired	<input type="text"/> 250.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) ▼ Convention		
		<input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William A. MacDonnell DDS		Date of Receipt
	Mailing Address 158 Hunter Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 6 / 2 0 0 8
	City	State	Zip Code
	West Hartford	CT	06107
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.32180
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self-employed		Occupation Dentist	<input type="text"/> 250.00
Receipt For: 2010		Election Cycle-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) ▼ Convention		
		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Nell Newton		Date of Receipt
	Mailing Address 261 26th Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	San Francisco	CA	94121
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.33717
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer UC Hastings College of Law		Occupation Chancellor and Dean	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Other (specify) ▼ Convention		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Terri L. Scantling		Date of Receipt
	Mailing Address 473 Simsbury Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bloomfield	CT	06002
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.33724
		Amount of Each Receipt this Period	
		<input type="text"/> 450.00	
Name of Employer None		Occupation None	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Other (specify) ▼ Convention		<input type="text"/> 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Maureen C. Sebastian		Date of Receipt
	Mailing Address 17 Eska Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Ledyard	CT	06339
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.32051
		Amount of Each Receipt this Period	
		<input type="text"/> 250.00	
Name of Employer Mashantucket Pequot Tribal Nat		Occupation Executive	
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Other (specify) ▼ Convention		<input type="text"/> 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 950.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Collins R. Spencer		Date of Receipt
	Mailing Address 21 High Hill Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bloomfield	CT	06002
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32058
Name of Employer Spencer Partners LLC		Occupation Professional Services	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Other (specify) ▼ Convention		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Allan B. Taylor		Date of Receipt
	Mailing Address 238 Whitney Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hartford	CT	06105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.33720
Name of Employer Day Pitney LLP		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Other (specify) ▼ Convention		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Allan B. Taylor		Date of Receipt
	Mailing Address 238 Whitney Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Hartford	CT	06105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.32181
Name of Employer Day Pitney LLP		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General		Election Cycle-to-Date ▼	<input type="text"/>
<input checked="" type="checkbox"/> Other (specify) ▼ Convention		<input type="text"/> 350.00	<input type="text"/> 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 600.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 36  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Thomas

Mailing Address 16 Ann Wampley Drive

City Mashantuckett State CT Zip Code 06339

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

Name of Employer Mashantuckett Indian Tribal Nation Occupation Tribal Councilman

Receipt For: 2010  
 Primary    General  
 Other (specify) Convention

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2008  
**Transaction ID: SA11AI.32062**  
 Amount of Each Receipt this Period 500.00

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

Mailing Address 72 Sunrise Ter

City Wethersfield State CT Zip Code 06109

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary    General  
 Other (specify) Convention

Election Cycle-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2008  
**Transaction ID: SA11AI.32081**  
 Amount of Each Receipt this Period 300.00

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

**TOTAL** This Period (last page this line number only) ..... ► **6600.00**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 36  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
AT&T

Mailing Address 5 West Service Road

City State Zip Code  
Hartford CT 06042

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 8

Transaction ID: SA14.32219

Amount of Each Receipt this Period  
246.30

Refund

246.30

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	246.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	246.30

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

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

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Farmington Savings Bank  
Mailing Address 962 Farmington Avenue  
City State Zip Code  
West Hartford CT 06107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 203.32  
Date of Receipt: 11 / 30 / 2008  
Transaction ID: SA15.32300  
Amount of Each Receipt this Period: 203.32  
Interest

**B.** Full Name (Last, First, Middle Initial)  
Farmington Savings Bank  
Mailing Address 962 Farmington Avenue  
City State Zip Code  
West Hartford CT 06107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 437.15  
Date of Receipt: 12 / 31 / 2008  
Transaction ID: SA15.32299  
Amount of Each Receipt this Period: 233.83  
Interest

**C.** Full Name (Last, First, Middle Initial)  
TD Banknorth  
Mailing Address 2461 Main Street  
City State Zip Code  
Glastonbury CT 06033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Election Cycle-to-Date ▼ 409.68  
Date of Receipt: 12 / 15 / 2008  
Transaction ID: SA15.32301  
Amount of Each Receipt this Period: 185.54  
Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► 622.69  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 36

(check only one)

11a  11b  11c  11d

12  13a  13b  14  15

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

**A.**

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

Mailing Address 7 Sycamore Street

City State Zip Code  
**Glastonbury CT 06033**

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**926.94**

Date of Receipt  
M M / D D / Y Y Y Y  
**1 2 / 0 7 / 2 0 0 8**

Transaction ID: SA15.32283

Amount of Each Receipt this Period  
**471.23**

Interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>471.23</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1093.92</b>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 114 <hr/> City Newark State NJ Zip Code 07101 <hr/> Purpose of Disbursement Credit card payment (see below) Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32110 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 3939.21
	Category/ Type
	[MEMO ITEM]
<b>B.</b> Full Name (Last, First, Middle Initial) Marco Polo Restaurant <hr/> Mailing Address 1250 Burnside Avenue <hr/> City East Hartford State CT Zip Code 06108 <hr/> Purpose of Disbursement Political meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32110.3 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 170.76
	Category/ Type
	[MEMO ITEM]
<b>C.</b> Full Name (Last, First, Middle Initial) Peppercorn's Grill <hr/> Mailing Address P.O. Box 776 <hr/> City Plainville State CT Zip Code 06062 <hr/> Purpose of Disbursement Political meals Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32110.8 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 491.81
	Category/ Type
	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3939.21
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) U. S. Airways</p> <p>Mailing Address Bradley International Airport</p> <p>City Windsor Locks State CT Zip Code 06196</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32110.9</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 437.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Peppercorn's Grill</p> <p>Mailing Address P.O. Box 776</p> <p>City Plainville State CT Zip Code 06062</p> <p>Purpose of Disbursement Political meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32110.18</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 42.67</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) National Democratic Club</p> <p>Mailing Address 30 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Political meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32110.19</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 106.25</p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>0.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Southwest Airlines	Transaction ID: SB17.32110.20 Date of Disbursement
	Mailing Address Bradley International Airport	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Windsor Locks	State CT
	Zip Code 06096	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel	<input type="text" value="277.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) National Democratic Club	Transaction ID: SB17.32110.22 Date of Disbursement
	Mailing Address 30 Ivy Street, SE	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Washington	State DC
	Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Political meals	<input type="text" value="58.75"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) Bistro Bis	Transaction ID: SB17.32110.24 Date of Disbursement
	Mailing Address 15 E Street NW	<input type="text" value="12"/> <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Washington	State DC
	Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement Political meals	<input type="text" value="79.83"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	[MEMO ITEM]

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Peppercorn's Grill  Mailing Address P.O. Box 776  City Plainville State CT Zip Code 06062  Purpose of Disbursement Political meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32110.28 Date of Disbursement 12 / 03 / 2008  Amount of Each Disbursement this Period 139.48  [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Smithsonian Catalogue  Mailing Address 709 9th Street NW  City Washington State DC Zip Code 20002  Purpose of Disbursement Memorabilia Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32110.29 Date of Disbursement 12 / 03 / 2008  Amount of Each Disbursement this Period 392.95  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Bistro Bis  Mailing Address 15 E Street NW  City Washington State DC Zip Code 20001  Purpose of Disbursement Political meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32110.31 Date of Disbursement 12 / 03 / 2008  Amount of Each Disbursement this Period 147.38  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 114</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32292</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5.95"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 114</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32293</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.78"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AT&amp;T</p> <p>Mailing Address 5 West Service Road</p> <p>City Hartford State CT Zip Code 06042</p> <p>Purpose of Disbursement Telephone service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32113</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="317.07"/></p>

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

**338.80**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 36

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Cafe Recess  Mailing Address 209 Pennsylvania Avenue SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Catering  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32120 Date of Disbursement 12 / 17 / 2008  Amount of Each Disbursement this Period 550.00
B.	Full Name (Last, First, Middle Initial) Callahan Flower Shop  Mailing Address 1429 Main Street  City East Hartford State CT Zip Code 06108  Purpose of Disbursement Flowers  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32128 Date of Disbursement 12 / 18 / 2008  Amount of Each Disbursement this Period 380.11
C.	Full Name (Last, First, Middle Initial) Capital One  Mailing Address P.O. Box 60024  City City of Industry State CA Zip Code 91716  Purpose of Disbursement Credit card payment (see below)  Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32140 Date of Disbursement 12 / 31 / 2008  Amount of Each Disbursement this Period 6604.39

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7534.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) CVS  Mailing Address Main Street  City Glastonbury State CT Zip Code 06033  Purpose of Disbursement Cards Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32140.3 Date of Disbursement 12 / 31 / 2008  Amount of Each Disbursement this Period 847.60  <b>[MEMO ITEM]</b>	
<b>B.</b>	Full Name (Last, First, Middle Initial) Peppercorn's Grill  Mailing Address P.O. Box 776  City Plainville State CT Zip Code 06062  Purpose of Disbursement Political meals Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32140.11 Date of Disbursement 12 / 31 / 2008  Amount of Each Disbursement this Period 29.33  <b>[MEMO ITEM]</b>	
<b>C.</b>	Full Name (Last, First, Middle Initial) U. S. Capitol Historical Society  Mailing Address 200 Maryland Avenue, S.E.  City Washington State DC Zip Code 20002  Purpose of Disbursement Memorabilia Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32140.13 Date of Disbursement 12 / 31 / 2008  Amount of Each Disbursement this Period 515.00  <b>[MEMO ITEM]</b>	

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

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Peppercorn's Grill

Transaction ID: SB17.32140.14  
Date of Disbursement

Mailing Address P.O. Box 776

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Plainville State CT Zip Code 06062

Amount of Each Disbursement this Period

94.07
-------

Purpose of Disbursement  
Political meals  
Candidate Name

Category/  
Type

[MEMO ITEM]

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

B.

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

Transaction ID: SB17.32140.15  
Date of Disbursement

Mailing Address 20 Alexander Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Wallingford State CT Zip Code 06492

Amount of Each Disbursement this Period

622.41
--------

Purpose of Disbursement  
Cell Phone Service  
Candidate Name

Category/  
Type

[MEMO ITEM]

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

C.

Full Name (Last, First, Middle Initial)  
NGP Software, Inc.

Transaction ID: SB17.32140.18  
Date of Disbursement

Mailing Address 1101 Vermont Avenue, NW

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

650.00
--------

Purpose of Disbursement  
Web database  
Candidate Name

Category/  
Type

[MEMO ITEM]

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00
------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
The Charles Hotel

Mailing Address One Bennett Street

City Cambridge State MA Zip Code 02138

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.32140.21  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Amount of Each Disbursement this Period

2923.94
---------

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
Kinko's

Mailing Address 175B Glastonbury Blvd.

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement  
Copying

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.32140.23  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

Amount of Each Disbursement this Period

2.54
------

[MEMO ITEM]

C.

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

Mailing Address 50 E Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.32133  
Date of Disbursement

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

Amount of Each Disbursement this Period

833.47
--------

SUBTOTAL of Disbursements This Page (optional) ..... ▶

833.47

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Golden Rule Insurance Company Mailing Address P.O. Box 740209 City Cincinnati State OH Zip Code 45274 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.32134 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 533.40
<b>B.</b>	Full Name (Last, First, Middle Initial) Inquiring News Mailing Address P. O. Box 4000236 City Nartford State CT Zip Code 06140 Purpose of Disbursement Advertisements Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.32119 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 8	Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN B LARSON Mailing Address 1887 OLD MAIN STREET City EAST HARTFORD State CT Zip Code 06108 Purpose of Disbursement Reimbursement - Auto expenses Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.32127 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8	Amount of Each Disbursement this Period 3834.63

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

4868.03

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Geoffrey R. Luxenberg

Transaction ID: SB17.32115  
Date of Disbursement

Mailing Address 345 Buckland Hills Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	8

City Manchester State CT Zip Code 06040

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement - Cell Phone

50.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Geoffrey R. Luxenberg

Transaction ID: SB17.32118  
Date of Disbursement

Mailing Address 345 Buckland Hills Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	8

City Manchester State CT Zip Code 06040

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

1689.38
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Geoffrey R. Luxenberg

Transaction ID: SB17.32125  
Date of Disbursement

Mailing Address 345 Buckland Hills Drive

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

City Manchester State CT Zip Code 06040

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement - Postage

840.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2579.38
---------

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg  Mailing Address 345 Buckland Hills Drive  City Manchester State CT Zip Code 06040  Purpose of Disbursement Reimbursement - Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32126 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8  Amount of Each Disbursement this Period 840.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg  Mailing Address 345 Buckland Hills Drive  City Manchester State CT Zip Code 06040  Purpose of Disbursement Reimbursement - Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32129 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8  Amount of Each Disbursement this Period 161.08
<b>C.</b>	Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg  Mailing Address 345 Buckland Hills Drive  City Manchester State CT Zip Code 06040  Purpose of Disbursement Reimbursement - Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.32132 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8  Amount of Each Disbursement this Period 3.19

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1004.27
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 36

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	<b>Transaction ID:</b> SB17.32136	
	Mailing Address 345 Buckland Hills Drive	Date of Disbursement 12 / 18 / 2008	
	City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period 1689.38	
	Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

B.	Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	<b>Transaction ID:</b> SB17.32137	
	Mailing Address 345 Buckland Hills Drive	Date of Disbursement 12 / 31 / 2008	
	City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period 50.00	
	Purpose of Disbursement Reimbursement - Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

C.	Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	<b>Transaction ID:</b> SB17.32138	
	Mailing Address 345 Buckland Hills Drive	Date of Disbursement 12 / 31 / 2008	
	City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period 54.80	
	Purpose of Disbursement Reimbursement - Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1794.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Geoffrey R. Luxenberg

Transaction ID: SB17.32139  
Date of Disbursement

Mailing Address 345 Buckland Hills Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Manchester State CT Zip Code 06040

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement - Supplies

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

1.90
------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Geoffrey R. Luxenberg

Transaction ID: SB17.32141  
Date of Disbursement

Mailing Address 345 Buckland Hills Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Manchester State CT Zip Code 06040

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement - Supplies

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

27.00
-------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Geoffrey R. Luxenberg

Transaction ID: SB17.32144  
Date of Disbursement

Mailing Address 345 Buckland Hills Drive

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	8

City Manchester State CT Zip Code 06040

Amount of Each Disbursement this Period

Purpose of Disbursement  
Salary

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

1689.38
---------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

1718.28
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg  Mailing Address 345 Buckland Hills Drive  City Manchester State CT Zip Code 06040  Purpose of Disbursement Salary Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.32145 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 2000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Mitchell Development, LLC  Mailing Address P.O. Box 1235  City South Windsor State CT Zip Code 06074  Purpose of Disbursement Storage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.32135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 266.70
<b>C.</b>	Full Name (Last, First, Middle Initial) Jennifer L. Paquette  Mailing Address 301 Wolcott Hill Road  City Wethersfield State CT Zip Code 06109  Purpose of Disbursement Reimbursement - Supplies Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.32114 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 8	<b>Amount of Each Disbursement this Period</b> 65.11

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2331.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 36

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) The Board Room</p> <p>Mailing Address 241 Main Street</p> <p>City Hartford State CT Zip Code 06106</p> <p>Purpose of Disbursement Occupancy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32111</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 530.18</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) The Board Room</p> <p>Mailing Address 241 Main Street</p> <p>City Hartford State CT Zip Code 06106</p> <p>Purpose of Disbursement Occupancy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32112</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 530.18</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) The Board Room</p> <p>Mailing Address 241 Main Street</p> <p>City Hartford State CT Zip Code 06106</p> <p>Purpose of Disbursement Occupancy</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.32143</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 530.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1590.36</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 36

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Twenty-first Century Group

Mailing Address 434 New Jersey Avenue, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.32142

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		3	1		2	0	0	8

Amount of Each Disbursement this Period

1750.00
---------

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

1750.00

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

30282.29

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution - debt retirement</p> <p>Candidate Name ADLER FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p>	<p><b>Transaction ID:</b> SB21.32083</p> <p>Date of Disbursement 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CARMOUCHE FOR CONGRESS INC</p> <p>Mailing Address 912 KINGS HIGHWAY</p> <p>City SHREVEPORT State LA Zip Code 71104</p> <p>Purpose of Disbursement Contribution - Debt Retirement</p> <p>Candidate Name CARMOUCHE FOR CONGRESS INC</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 04</p>	<p><b>Transaction ID:</b> SB21.32116</p> <p>Date of Disbursement 12 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE</p> <p>Mailing Address PO BOX 68444</p> <p>City VIRGINIA BEACH State VA Zip Code 23471</p> <p>Purpose of Disbursement Contribution - Debt Retirement</p> <p>Candidate Name FRIENDS OF GLENN NYE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 02</p>	<p><b>Transaction ID:</b> SB21.32098</p> <p>Date of Disbursement 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>

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

6000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>GRIFFITH FOR CONGRESS</b>  Mailing Address <b>PO BOX 2916</b>  City <b>Huntsville</b> State <b>AL</b> Zip Code <b>35804</b> Purpose of Disbursement Contribution - Debt Retirement Candidate Name <b>GRIFFITH FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>AL</b> District: <b>05</b>	<b>Transaction ID: SB21.32088</b> Date of Disbursement 11 / 30 / 2008  Amount of Each Disbursement this Period 2000.00  Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>HARRY TEAGUE FOR CONGRESS</b>  Mailing Address <b>PO BOX 5153</b> <b>PO BOX 5153</b>  City <b>HOBBS</b> State <b>NM</b> Zip Code <b>88241</b> Purpose of Disbursement Contribution - Debt Retirement Candidate Name <b>HARRY TEAGUE FOR CONGRESS</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>NM</b> District: <b>02</b>	<b>Transaction ID: SB21.32108</b> Date of Disbursement 11 / 30 / 2008  Amount of Each Disbursement this Period 2000.00  Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>KIRKPATRICK FOR ARIZONA</b>  Mailing Address <b>PO Box 993</b>  City <b>Prescott</b> State <b>AZ</b> Zip Code <b>86302</b> Purpose of Disbursement Contribution - Debt Retirement Candidate Name <b>KIRKPATRICK FOR ARIZONA</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>AZ</b> District: <b>01</b>	<b>Transaction ID: SB21.32090</b> Date of Disbursement 11 / 30 / 2008  Amount of Each Disbursement this Period 2000.00  Category/ Type

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

**6000.00**

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>KOSMAS FOR CONGRESS</b>	<b>Transaction ID:</b> SB21.32177 Date of Disbursement 11 / 30 / 2008	
	Mailing Address PO Box 1547		
	City New Smyrna Beach State FL Zip Code 32170	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement Contribution - Debt Retirement		
	Candidate Name KOSMAS FOR CONGRESS	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: FL District: 24	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>KURT SCHRADER FOR CONGRESS</b>	<b>Transaction ID:</b> SB21.32106 Date of Disbursement 11 / 30 / 2008	
	Mailing Address 607 N. Main St Suite 240		
	City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement Contribution - Debt Retirement		
	Candidate Name KURT SCHRADER FOR CONGRESS	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: OR District: 05	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MINNICK FOR CONGRESS</b>	<b>Transaction ID:</b> SB21.32096 Date of Disbursement 11 / 30 / 2008	
	Mailing Address 8150 W EMERALD STREET SUITE 170		
	City Boise State ID Zip Code 83704	Amount of Each Disbursement this Period	2000.00
	Purpose of Disbursement Contribution - Debt Retirement		
	Candidate Name MINNICK FOR CONGRESS	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: ID District: 01	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

6000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Our Lady of Peace Mailing Address 370 May Road City East Hartford State CT Zip Code 06118 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.32123 Date of Disbursement 12 / 18 / 2008 Amount of Each Disbursement this Period 1000.00 Category/Type
B.	Full Name (Last, First, Middle Initial) PEOPLE FOR BEN Mailing Address PO BOX 31129 City SANTA FE State NM Zip Code 87594 Purpose of Disbursement Contribution - Debt Retirement Candidate Name PEOPLE FOR BEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.32093 Date of Disbursement 11 / 30 / 2008 Amount of Each Disbursement this Period 2000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) PERRIELLO FOR CONGRESS Mailing Address PO BOX 306 City IVY State VA Zip Code 22945 Purpose of Disbursement Contribution - Debt Retirement Candidate Name PERRIELLO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21.32100 Date of Disbursement 11 / 30 / 2008 Amount of Each Disbursement this Period 2000.00 Category/Type

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

5000.00

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

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

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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) PETERS FOR CONGRESS	Transaction ID: SB21.32102 Date of Disbursement 11 / 30 / 2008
	Mailing Address PO BOX 226	Amount of Each Disbursement this Period 2000.00
	City BLOOMFIELD HILLS State MI Zip Code 48303	
	Purpose of Disbursement Contribution - Debt Retirement	Category/ Type
	Candidate Name PETERS FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PINGREE FOR CONGRESS	Transaction ID: SB21.32104 Date of Disbursement 11 / 30 / 2008
	Mailing Address PO Box 17613	Amount of Each Disbursement this Period 2000.00
	City Portland State ME Zip Code 04112	
	Purpose of Disbursement Contribution - Debt Retirement	Category/ Type
	Candidate Name PINGREE FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Salvation Army	Transaction ID: SB21.32122 Date of Disbursement 12 / 18 / 2008
	Mailing Address 855 Asylum Avenue	Amount of Each Disbursement this Period 1500.00
	City Hartford State CT Zip Code 06142	
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
St. Patricks/St. Anthony Church

Mailing Address 285 Church Street

City State Zip Code  
Hartford CT 06103

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21.32124

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	2		1	8		2	0	0	8

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1000.00
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**TOTAL** This Period (last page this line number only) ..... ►

29500.00
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