

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Friends of Rosa DeLauro

ADDRESS (number and street)

129 CHURCH STREET STE 818

Check if different than previously reported. (ACC)

NEW HAVEN

CT

06510

2. FEC IDENTIFICATION NUMBER ▼

C C00238865

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

CT

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / 11

D D / 04

Y Y Y Y 2014

in the State of

CT

5. Covering Period

M M / 10

D D / 16

Y Y Y Y 2014

through

M M / 11

D D / 24

Y Y Y Y 2014

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 Patrick Charmel

Signature of Treasurer Patrick Charmel

[Electronically Filed]

Date

M M / 12

D D / 04

Y Y Y Y 2014

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Friends of Rosa DeLauro

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	80457.00	1247338.21
(b) Total Contribution Refunds (from Line 20(d))	0.00	4565.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	80457.00	1242773.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	56375.75	665244.44
(b) Total Offsets to Operating Expenditures (from Line 14).....	1000.00	1720.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55375.75	663523.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	53433.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

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

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

Write or Type Committee Name

Friends of Rosa DeLauro

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
35148.00	591990.28	0.00
(ii) Unitemized		
5309.00	52088.22	85.00
(iii) Total of contributions from individuals		
40457.00	644078.50	85.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
40000.00	603259.71	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 94

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
80457.00	1247338.21	85.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
1000.00	1720.54	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
81457.00	1249058.75	85.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 94

Write or Type Committee Name

Friends of Rosa DeLauro

Report Covering the Period: From: / / To: / /

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
56375.75	665244.44	8772.56
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	800.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 94

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	3765.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	4565.00	0.00
------	---------	------

21. OTHER DISBURSEMENTS

24000.00	555325.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

80375.75	1225134.44	8772.56
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

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

80457.00	1242773.21	85.00
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IV. NET OPERATING EXPENDITURES

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

55375.75	663523.90	8772.56
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	52352.31
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	81457.00
25. SUBTOTAL (add Line 23 and Line 24).....	133809.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80375.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	53433.56

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

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

FOR LINE NUMBER: PAGE 7 OF 94
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Barbara Wareck

Mailing Address 135 Cliff Street

City State Zip Code
New Haven CT 06511-1210

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

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10239280

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Sanford Cloud Jr.

Mailing Address 25 Mountain Spring Road

City State Zip Code
Farmington CT 06032-1612

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

Name of Employer Phoenix Companies Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : C10304230

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Amy Vender

Mailing Address 33 Hammock Road

City State Zip Code
Clinton CT 06413-2326

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : C10291320

Amount of Each Receipt this Period
150.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Audrey D Tyson

Mailing Address 471 Whalley Ave
Unit H

City State Zip Code
New Haven CT 06511-3068

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

Name of Employer Occupation
Self-employed Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
445.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : C10291340

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Ignacio Blanco

Mailing Address 28 Mountain Road

City State Zip Code
Wilton CT 06897-4912

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

Name of Employer Occupation
Ibiza Tapas Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : C10291570

Amount of Each Receipt this Period
450.00

* In-Kind: Catering

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

Mailing Address 18 Halls Road

City State Zip Code
Westbrook CT 06498-3555

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

Name of Employer Occupation
Underwater Construction Vice-President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10297230

Amount of Each Receipt this Period
250.00

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

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

775.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Raymond Palumbo

Mailing Address 115 Shore Road

City Clinton State CT Zip Code 06413-2346

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

Name of Employer Underwater Construction Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10297260

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Joyce Hergenhan

Mailing Address 3135 Easton Turnpike

City Fairfield State CT Zip Code 06828-0002

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10239281

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Harriet Heineman

Mailing Address 14 Salem Lane

City Westport State CT Zip Code 06880-3721

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

Name of Employer N/A Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : C10304231

Amount of Each Receipt this Period
250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) Joseph Cermola		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address 74 Cold Spring St		Transaction ID : C10304241
City New Haven	State CT	
Zip Code 06511-2204		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 400.00
Name of Employer Cardinal Engineering	Occupation Civil Engineer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Sandra G. Palumbo		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Mailing Address 304 Tyler Street		Transaction ID : C10288741
City East Haven	State CT	
Zip Code 06512-2825		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 2000.00
Name of Employer P&P Enterprise Co LLC	Occupation Bookkeeper	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Meredith Reuben		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 89 Sagamore Rd		Transaction ID : C10299811
City Stamford	State CT	
Zip Code 06902-8007		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 700.00
Name of Employer EBP Supply	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	1300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) Wendy Eber-Fry		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 188 E 78th St Apt 21A		Transaction ID : C10290841
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Slocum Sons	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Joan Wallack		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 28 Linden Shores		Transaction ID : C10290851
City Branford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer BKM Total Office	Occupation Interior Designer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) William Spruill		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 529 Dixwell Avenue		Transaction ID : C10291321
City New Haven	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer none	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Joseph Crowley

Mailing Address 346 Saint Ronan Street

City New Haven State CT Zip Code 06511-2366

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

Name of Employer New Haven Terminal Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10291351

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ronald Palumbo

Mailing Address 1642 Deerfield Court

City Cheshire State CT Zip Code 06410-3750

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

Name of Employer Palumbo & DeLaura Occupation attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10297261

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Sammy Kuru

Mailing Address 770 Campbell Ave

City West Haven State CT Zip Code 06516-3714

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

Name of Employer Saray Restaurant Occupation Manager/Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10239312

Amount of Each Receipt this Period
1250.00

* In-Kind: Catering

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

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. John Buckley		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 6 Oliver Dr		Transaction ID : C10290852
City North Haven	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Buckley & Wynne	Occupation Attorney	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. April Capone		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 279 Barberry Road		Transaction ID : C10297232
City North Haven	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer State of CT	Occupation Inter Gov Coord	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Manon Cox		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 160 Morgan Ave		Transaction ID : C10290363
City East Haven	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Protein Sciences	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1350.00
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 14 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

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

Mailing Address 963 Townsend Avenue

City State Zip Code
New Haven CT 06512-1904

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

Name of Employer Occupation
Workforce Alliance President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : C10290853

Amount of Each Receipt this Period
250.00

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

Mailing Address 34 Academy St

City State Zip Code
Wallingford CT 06492-3702

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

Name of Employer Occupation
Town of Wallingford attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : C10291343

Amount of Each Receipt this Period
100.00

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

Mailing Address 17 Jansen Ln

City State Zip Code
North Haven CT 06473-2104

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

Name of Employer Occupation
None Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
365.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10297263

Amount of Each Receipt this Period
50.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) Michael Cacace		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 316 Scofieldtown Rd		Transaction ID : C10290854
City Stamford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cacace, Tusch & Santagata	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Joseph Sacco		Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 95 Far Mill Dr		Transaction ID : C10297224
City Stratford	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer EDS	Occupation computer tech	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Constance LaPalombara		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 50 Huntington Street		Transaction ID : C10304205
City New Haven	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer None	Occupation None	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) Armand Cantafio		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 24 Briarwood Drive		Transaction ID : C10304245
City Orange	State CT	Zip Code 06477-1850
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Northeast Electronics	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) Michael A. Fiore		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 35 Todd Drive		Transaction ID : C10290295
City North Haven	State CT	Zip Code 06473-1039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Astoria Park Nursing Homes	Occupation Administrator	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Heidi Gold-Dworkin		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 201 Seneca Pl		Transaction ID : C10290305
City Milford	State CT	Zip Code 06460-7936
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Little Scientists	Occupation CEO	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Karen T. Cusick

Mailing Address 6 Diana Dr

City Woodbridge State CT Zip Code 06525-1217

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

Name of Employer Cusiak & Co. LLC Occupation Finance Admin

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
770.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : C10297235

Amount of Each Receipt this Period
70.00

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

Mailing Address 1265 Racebrook Road

City Woodbridge State CT Zip Code 06525-1824

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

Name of Employer Selectman Occupation Town of Woodbridge

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10290855

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joanne Saccio

Mailing Address 272 Livingston St

City New Haven State CT Zip Code 06511-1310

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

Name of Employer self-employed Occupation clinical social worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
220.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : C10304235

Amount of Each Receipt this Period
35.00

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

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

355.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Valerio Capobianco

Mailing Address 111 Bellemeadow Dr

City Watertown State CT Zip Code 06795-3243

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

Name of Employer Bazi's Restaurant Occupation owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : C10297245

Amount of Each Receipt this Period
250.00

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

Mailing Address 339 Kings Highway

City North Haven State CT Zip Code 06473-1010

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

Name of Employer North Haven Ceramic Tile Occupation Vice President - Sales

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10297265

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Salvatore J Brancati Jr.

Mailing Address 58 Vista Ter

City New Haven State CT Zip Code 06515-2402

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

Name of Employer Town of East Haven Occupation Economic Development Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10290856

Amount of Each Receipt this Period
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

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

Mailing Address 140 Elbridge Road

City State Zip Code
New Britain CT 06052-1546

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

Name of Employer Occupation
The McCue Mortgage Company President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : C10240106

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William Graustein

Mailing Address 250 Dyer Street

City State Zip Code
New Haven CT 06511-1652

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

Name of Employer Occupation
self Private Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 23 / 2014

Transaction ID : C10241906

Amount of Each Receipt this Period
1000.00

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

Mailing Address 100 W Meadow Rd

City State Zip Code
Hamden CT 06518-1154

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

Name of Employer Occupation
Griffin Hospital CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3800.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : C10290836

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Sanford Schreiber

Mailing Address 15 Charlson Ln

City Hamden State CT Zip Code 06517-1602

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

Name of Employer self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 18 / 2014

Transaction ID : C10291316

Amount of Each Receipt this Period
100.00

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

Mailing Address 77 Oak Ridge Drive

City Bethany State CT Zip Code 06524-3117

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

Name of Employer CT General Assembly Occupation Legislative Aide

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
265.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10291356

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Judith R. Kidd

Mailing Address 1041 Forest Road

City New Haven State CT Zip Code 06515-2416

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

Name of Employer Yale Un School of Medicine Occupation Research Scientist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1028.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : C10291426

Amount of Each Receipt this Period
528.00

* In-Kind: Event beverages

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

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

728.00

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

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

FOR LINE NUMBER: PAGE 21 OF 94
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Susan Isaacs

Mailing Address 2 Wallenberg Dr

City State Zip Code
Stamford CT 06903-1000

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

Name of Employer Occupation
self-employed learning disability specialist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2800.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : C10232456

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Benjamin D. Gettinger

Mailing Address 17 Orchard Road

City State Zip Code
Milford CT 06460-7721

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

Name of Employer Occupation
Lynch,Truab,Keefe, Errante Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : C10297236

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Theodore Vinci

Mailing Address 38 Talmadge Ave

City State Zip Code
East Haven CT 06512-3541

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

Name of Employer Occupation
Talmadge Park Hc health care admin.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : C10297246

Amount of Each Receipt this Period
500.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Sharon Milikowsky		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 3 Edgehill Road		Transaction ID : C10239297
City New Haven	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N/A	Occupation Homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. James Comer		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 6557		Transaction ID : C10304247
City Hamden	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Yale University School of Medi	Occupation Psychiatrist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) C. Donald Franco		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 451 N High St		Transaction ID : C10293567
City East Haven	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Laurel Woods Nursing Home	Occupation Administrator	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Katherine M Scierka

Mailing Address 157 Bradford Walk

City State Zip Code
New Britain CT 06053-1073

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

Name of Employer Occupation
McCue Mortgage ?Executive Vice President

Receipt For: 2014
 Primary General
 Other (specify) Convention

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : C10240107

Amount of Each Receipt this Period
250.00

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

Mailing Address 61 Pasture Ln

City State Zip Code
Branford CT 06405-2436

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

Name of Employer Occupation
Iovanne Funeral Home Funeral Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : C10236117

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lester Eber

Mailing Address 95 Allens Creek Rd
Ste 10

City State Zip Code
Rochester NY 14618-3252

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

Name of Employer Occupation
Slocum Sons Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : C10290847

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 24 OF 94
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

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

Mailing Address 15 Bishop Dr

City Woodbridge State CT Zip Code 06525-2301

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

Name of Employer Occupation
Weinstein Weiner & Ignal attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10290857

Amount of Each Receipt this Period
250.00

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

Mailing Address 12 Island Bay Circle

City Guilford State CT Zip Code 06437-3058

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : C10297237

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Scott C DeLaura

Mailing Address 50 Prospect Avenue

City Niantic State CT Zip Code 06357-3007

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

Name of Employer Occupation
Palumbo & DeLaura Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10297257

Amount of Each Receipt this Period
250.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 25 OF 94
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

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

Mailing Address 109 E Broadway
Unit A

City Milford State CT Zip Code 06460-6172

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

Name of Employer The Graduate Institute Occupation Educator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10293548

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kristen Zarfos Vasiliou

Mailing Address PO Box 929

City Deep River State CT Zip Code 06417-0929

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

Name of Employer St Francis Medical Center Occupation Surgeon

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : C10232458

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Robert S Fers

Mailing Address 36 Jones Road

City Wallingford State CT Zip Code 06492-4325

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

Name of Employer Robert Fers Company Occupation Developer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10297258

Amount of Each Receipt this Period
500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 26 OF 94
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
H Stewart Van Scoyoc

Mailing Address 131 Yarnick Road

City State Zip Code
Great Falls VA 22066-3525

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

Name of Employer Occupation
Van Scoyoc Companies President and Chief Executive Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10293819

Amount of Each Receipt this Period
500.00

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

Mailing Address 19 Flying Point Road

City State Zip Code
Branford CT 06405-5703

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

Name of Employer Occupation
Yale University Lecturer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2014

Transaction ID : C10297249

Amount of Each Receipt this Period
250.00

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

Mailing Address 536 Mine Hill Rd

City State Zip Code
Fairfield CT 06824-2151

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

Name of Employer Occupation
Self-employed attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : C10290849

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 27 OF 94
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Denice Feeley

Mailing Address 18 Davison Road

City Moodus State CT Zip Code 06469-1035

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

Name of Employer none Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10297229

Amount of Each Receipt this Period
250.00

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

Mailing Address 15 Josie Dr

City Northford State CT Zip Code 06472-1470

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

Name of Employer NHPS Occupation teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : C10297239

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Clifford Slayman

Mailing Address 7 Briar Ln

City Hamden State CT Zip Code 06517-4008

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

Name of Employer Yale University Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
235.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2014

Transaction ID : C10293580A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Below

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C10293580AB

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Lewis Bower

Mailing Address 1340 Worthington Rdg

City Berlin State CT Zip Code 06037-3208

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

Name of Employer Occupation
Keep Me Home President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : C10293600A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C10293600AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Steve Hudak

Mailing Address 6145 Vermont Ave

City McLean State VA Zip Code 22101-4932

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

Name of Employer US Government Occupation Public Affairs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : C10293591A

Amount of Each Receipt this Period
2600.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10293591AB

Amount of Each Receipt this Period
2600.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 95 Spicewood Lane

City Berlin State CT Zip Code 06037-2831

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

Name of Employer Kozak & Salina, LLC Occupation Gov't Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10304771A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		31		2014

Transaction ID : C10304771AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Myron Genel

Mailing Address 30 Richard Sweet Dr

City Woodbridge State CT Zip Code 06525-1126

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

Name of Employer Occupation
Yale Medical School Physician & Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
325.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		16		2014

Transaction ID : C10241151A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2014

Transaction ID : C10241151AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

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

Mailing Address 73 Blackman Rd

City State Zip Code
Ridgefield CT 06877-4203

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

Name of Employer Occupation
Unimin Corp Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 31 2014

Transaction ID : C10304772A

Amount of Each Receipt this Period
400.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City State Zip Code
Washington DC 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 31 2014

Transaction ID : C10304772AB

Amount of Each Receipt this Period
400.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Roxanne Coady

Mailing Address 362 Whitney Ave

City State Zip Code
New Haven CT 06511-2371

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

Name of Employer Occupation
RJ Julia & Co owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 13 2014

Transaction ID : C10241142A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

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

650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : C10241142AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Betsy Hoos

Mailing Address 8 Hollow Oak Road

City Woodbridge State CT Zip Code 06525-1854

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

Name of Employer Occupation
Dental Exploration director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1132.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : C10293583A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C10293583AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Michael A. DiMassa

Mailing Address 136 Putney Dr

City West Haven State CT Zip Code 06516-2931

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

Name of Employer City of West Haven Occupation Admin Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : C10293593A

Amount of Each Receipt this Period
350.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10293593AB

Amount of Each Receipt this Period
350.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 23 Rock Hill Road

City Woodbridge State CT Zip Code 06525-1103

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

Name of Employer Arhythmia Ctr of CT Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10304773A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : C10304773AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 32 Genesee Ln

City Madison State CT Zip Code 06443-1666

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

Name of Employer Occupation
Yale Law School Law Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : C10293584A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C10293584AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Ramesh Wadhvani

Mailing Address 5 Research Dr

City Shelton State CT Zip Code 06484-6231

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

Name of Employer Sai Systems int inc Occupation engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : C10293604A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10293604AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Josephine Merck

Mailing Address 171 Cat Rock Rd

City Cos Cob State CT Zip Code 06807-1202

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

Name of Employer self Occupation artist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 14 / 2014

Transaction ID : C10241144A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : C10241144AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Dennis Papazian

Mailing Address 11 Davis Rd

City Woodbridge State CT Zip Code 06525-2426

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1300.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : C10293595A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : C10293595AB

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

50.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Clifford Slayman

Mailing Address 7 Briar Ln

City Hamden State CT Zip Code 06517-4008

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

Name of Employer Yale University Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : C10293586A

Amount of Each Receipt this Period
35.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **10361.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10293586AB

Amount of Each Receipt this Period
35.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

Mailing Address 31 Hunters Ridge

City Rocky Hill State CT Zip Code 06067-1742

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

Name of Employer Occupation Kozak & Salina, LLC Gov't Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : C10293596A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

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

535.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2014

Transaction ID : C10293596AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Joanne Goldblum

Mailing Address 169 Bishop Street

City New Haven State CT Zip Code 06511-3717

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

Name of Employer Occupation
The Diaper Bank Social Worker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : C10241146A

Amount of Each Receipt this Period
1000.00

* Earmarked Contribution: See Below

C. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : C10241146AB

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Steven Bishop

Mailing Address 585 Arrowhead Dr

City State Zip Code
Orange CT 06477-2306

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

Name of Employer Occupation
N/A Student

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : C10293597A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City State Zip Code
Washington DC 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10293597AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Elizabeth Powell Dadzie

Mailing Address 2393 Shreve Hill Rd

City State Zip Code
Dunn Loring VA 22027-1168

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

Name of Employer Occupation
G2G lawyer & consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : C10241147A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

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

350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Democracy Engine LLC		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 850 Quincy St NW Apt 402		Transaction ID : C10241147AB
City Washington State DC Zip Code 20011-5873	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Conduit total listed in Agg. field	[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10361.00	

Full Name (Last, First, Middle Initial) B. Steven Wolfson		Date of Receipt M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 1 Moose Hill Road		Transaction ID : C10241148A
City Guilford State CT Zip Code 06437-2396	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Cardiology Assoc of New Have Physician	* Earmarked Contribution: See Below
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. Democracy Engine LLC		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 850 Quincy St NW Apt 402		Transaction ID : C10241148AB
City Washington State DC Zip Code 20011-5873	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Conduit total listed in Agg. field	[MEMO ITEM] Note: Above Contribution earmarked through this organization.
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10361.00	

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	[Empty Field]

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

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

FOR LINE NUMBER: PAGE 41 OF 94
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Matthew Hennessy

Mailing Address 161 Tremont Street

City State Zip Code
Hartford CT 06105-2541

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

Name of Employer Occupation
Tremont Public Advisors Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2014

Transaction ID : C10241149A

Amount of Each Receipt this Period
205.00

* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City State Zip Code
Washington DC 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : C10241149AB

Amount of Each Receipt this Period
205.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address 73 Blackman Rd

City State Zip Code
Ridgefield CT 06877-4203

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

Name of Employer Occupation
Unimin Corp Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : C10293599A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Below

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

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

305.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 94
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 850 Quincy St NW
Apt 402

City Washington State DC Zip Code 20011-5873

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

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10361.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10293599AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

0.00

35148.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 94
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial)
INT'L. ASSOCIATION OF BRIDGE, STRUCTURAL, ORNAMENTAL & REINFORCING IRON WORKERS (IPAL)

A. Mailing Address 1750 NEW YORK AVE. NW
SUITE 400

City WASHINGTON State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
9500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10293550

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
Fresh Produce PAC

B. Mailing Address 1901 Pennsylvania Ave NW
Ste 1100

City Washington State DC Zip Code 20006-3412

FEC ID number of contributing federal political committee. **C** C00040725

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : C10236110

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
Cargill Inc PAC

C. Mailing Address PO Box 9300
C/O CARGILL, INC. / CFR / DEPT. #5

City Minneapolis State MN Zip Code 55440-9300

FEC ID number of contributing federal political committee. **C** C00067884

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : C10242480

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 94
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
American Association For Geriatric Psychiatry PAC

Mailing Address 7910 Woodmont Ave
Ste 1050

City State Zip Code
Bethesda MD 20814-3069

FEC ID number of contributing federal political committee. **C C00401695**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : C10292510

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
National Association of Real Estate Investment Trusts, Inc. PAC

Mailing Address 1875 I STREET, NW
SUITE 600

City State Zip Code
WASHINGTON DC 20006

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : C10233931

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
WATERPAC - NATIONAL RURAL WATER ASSOCIATION POLITICAL COMMITTEE

Mailing Address 2915 SOUTH 13TH

City State Zip Code
DUNCAN OK 73533

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : C10242581

Amount of Each Receipt this Period
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 94
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 7th St NW
Ste 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : C10239282

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : C10304202

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 27 / 2014

Transaction ID : C10288872

Amount of Each Receipt this Period
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 94
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : C10241912

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
AT&T Inc. PAC

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : C10242582

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : C10293673

Amount of Each Receipt this Period
2500.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 94
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

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

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
11000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : C10242483

Amount of Each Receipt this Period
5000.00

\$1000 refund issued 12/2/2014

B. Full Name (Last, First, Middle Initial)
Sierra Club Political Cmte

Mailing Address 85 SECOND STREET 2ND FLR.

City SAN FRANCISCO State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C C00135368**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : C10304204

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : C10293674

Amount of Each Receipt this Period
1000.00

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

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

8500.00

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

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

FOR LINE NUMBER: PAGE 48 OF 94
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
Int'l Fed. of Professional and Technical Engineers Legislative Edu. Action Program - PAC

Mailing Address 501 3rd St NW

City Washington State DC Zip Code 20001-2760

FEC ID number of contributing federal political committee. **C** C00164509

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : C10236115

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Goldman Sachs Group Inc PAC

Mailing Address 101 Constitution Ave NW
SUITE 1000 EAST

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : C10232465

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
American College Of Rheumatology (RHEUMPAC)

Mailing Address 2200 Lake Blvd NE

City Atlanta State GA Zip Code 30319-5310

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : C10292506

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 94
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS PAC

Mailing Address 2901 Telestar Ct

City Falls Church State VA Zip Code 22042-1260

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 30 / 2014

Transaction ID : C10293547

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ACADEMY OF NUTRITION AND DIETETICS POLITICAL ACTION COMMITTEE

Mailing Address 1120 CONNECTICUT AVE. NW
SUITE 480

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00143560

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : C10236107

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 815 16th St NW

City Washington State DC Zip Code 20006-4101

FEC ID number of contributing federal political committee. **C** C00003806

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2014

Transaction ID : C10241907

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 94
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
American Veterinary Medical Assoc. PAC

Mailing Address 1910 Sunderland PI NW

City Washington State DC Zip Code 20036-1608

FEC ID number of contributing federal political committee. **C C00114132**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : C10297267

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Wakefern Food Corp. Pac - WakePAC

Mailing Address 33 Northfield Ave

City Edison State NJ Zip Code 08837-3806

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : C10236108

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
League of Conservation Voters PAC

Mailing Address 1920 L St NW Ste 800

City Washington State DC Zip Code 20036-5045

FEC ID number of contributing federal political committee. **C C00252940**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014

Transaction ID : C10297268

Amount of Each Receipt this Period
1000.00

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

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

4500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 51 OF 94	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address **2941 FAIRVIEW PARK DR.
SUITE 100**

City **FALLS CHURCH** State **VA** Zip Code **22042**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **5000.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : **C10293679**

Amount of Each Receipt this Period
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Amount of Each Receipt this Period

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

1000.00

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

40000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 94
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Full Name (Last, First, Middle Initial)
ENYART FOR CONGRESS

Mailing Address **PO BOX 308**

City **BELLEVILLE** State **IL** Zip Code **62222**

FEC ID number of contributing federal political committee. **C C00523258**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : C10304203

Amount of Each Receipt this Period
 _____ **1000.00**

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

_____ **1000.00**

_____ **1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Commissioner of Revenue Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 86.25
City Hartford	State CT	
Zip Code 06104-2931	Purpose of Disbursement Payroll Taxes	Transaction ID : D555860
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lock Tight Self Storage, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 785 Sherman Avenue		Amount of Each Disbursement this Period 105.29
City Hamden	State CT	
Zip Code 06514-1117	Purpose of Disbursement Storage	Transaction ID : D555490
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPA		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 247 College St		Amount of Each Disbursement this Period 2168.04
City New Haven	State CT	
Zip Code 06510	Purpose of Disbursement Event Food and Space Rental	Transaction ID : D557120
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2359.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Mr. Jimmy Tickey		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 1667.04 Transaction ID : D552880
City Shelton State CT Zip Code 06484-5001	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Simply Serving, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 344 Woodland Ln		Amount of Each Disbursement this Period 770.02 Transaction ID : D555710
City Orange State CT Zip Code 06477	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Kron Chocolatier		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 5300 Wisconsin Avenue NW		Amount of Each Disbursement this Period 48.00 Transaction ID : D555130
City Washington State DC Zip Code 20015-2013	Purpose of Disbursement Thank You Gifts	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2485.06
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 55 OF 94		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1101 15th St NW #500		Amount of Each Disbursement this Period 45.00 Transaction ID : D555700
City Washington State DC Zip Code 20005	Purpose of Disbursement Software License Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Yasmine Zamani		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 7240 Evans Mill Road		Amount of Each Disbursement this Period 1844.63 Transaction ID : D555861
City McLean State VA Zip Code 22101-3422	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. La Voz Hispana		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 51 Elm St, Ste 307		Amount of Each Disbursement this Period 650.00 Transaction ID : D555491
City New Haven State CT Zip Code 06510	Purpose of Disbursement Print Advertisement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2539.63
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 56 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Citizens Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 1405.50
City New Haven	State CT	
Zip Code 06510-1801	Purpose of Disbursement Payroll Taxes	Transaction ID : D552881
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 101.49
City New Haven	State CT	
Zip Code 06510-1801	Purpose of Disbursement Bank Service Charge	Transaction ID : D556191
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Captvid LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 132 West Dayton Hill Rd		Amount of Each Disbursement this Period 600.00
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Media Production	Transaction ID : D555131
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2106.99
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 57 OF 94		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Salsa Labs, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1700 Connecticut Avenue NW		Amount of Each Disbursement this Period 150.00 Transaction ID : D555701
City Washington State DC Zip Code 20009-1134	Purpose of Disbursement Website Maintenance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Portofino		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 937 State Street		Amount of Each Disbursement this Period 480.00 Transaction ID : D555711
City New Haven State CT Zip Code 06511-3926	Purpose of Disbursement Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Postal Service USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address Brewery St		Amount of Each Disbursement this Period 870.00 Transaction ID : D555492
City New Haven State CT Zip Code 06511	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Mr. Jimmy Tickey		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 1667.05
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Payroll	Transaction ID : D555862
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Alex Florek		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 264 Victoria Lawn		Amount of Each Disbursement this Period 450.00
City Stratford	State CT	
Zip Code 06615-7548	Purpose of Disbursement Field Organizing Services	Transaction ID : D557122
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Virginia Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 1115		Amount of Each Disbursement this Period 130.00
City Richmond	State VA	
Zip Code 23218-1115	Purpose of Disbursement Payroll Taxes	Transaction ID : D552882
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2247.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 49.00
City Carol Stream	State IL	
Zip Code 60197-5082	Purpose of Disbursement Phone Bill	Transaction ID : D554002
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DuBose Associates		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 24 Dixwell Ave		Amount of Each Disbursement this Period 5302.61
City New Haven	State CT	
Zip Code 06511	Purpose of Disbursement Printing	Transaction ID : D555122
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 3.23
City Mountain View	State CA	
Zip Code 94043-1126	Purpose of Disbursement Payroll Processing Fee	Transaction ID : D556202
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5354.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Connecticut Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 30 Arbor St Ste 404		Amount of Each Disbursement this Period 5000.00
City Hartford	State CT	Zip Code 06106-1215
Purpose of Disbursement Rent	Category/Type	
Candidate Name	Transaction ID : D555132	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ms. Sammy Kuru		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 770 Campbell Ave		Amount of Each Disbursement this Period 1250.00
City West Haven	State CT	Zip Code 06516-3714
Purpose of Disbursement Catering	Category/Type	
Candidate Name	Transaction ID : D553693	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) c. Virginia Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address PO Box 1115		Amount of Each Disbursement this Period 130.00
City Richmond	State VA	Zip Code 23218-1115
Purpose of Disbursement Payroll Taxes	Category/Type	
Candidate Name	Transaction ID : D555863	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6380.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Mr. Jimmy Tickey		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 1667.05 Transaction ID : D555503
City Shelton State CT Zip Code 06484-5001	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Commissioner of Revenue Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 86.25 Transaction ID : D552883
City Hartford State CT Zip Code 06104-2931	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 138.74 Transaction ID : D554003
City Carol Stream State IL Zip Code 60197-5082	Purpose of Disbursement Phone Bill	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1892.04
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 62 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. PCMS, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1050 17th Street, NW Suite 590		Amount of Each Disbursement this Period 1419.68
City Washington State DC Zip Code 20036	Category/Type	
Purpose of Disbursement Accounting Services		Transaction ID : D555133
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address Brewery St		Amount of Each Disbursement this Period 650.00
City New Haven State CT Zip Code 06511	Category/Type	
Purpose of Disbursement Postage		Transaction ID : D555143
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 3.23
City Mountain View State CA Zip Code 94043-1126	Category/Type	
Purpose of Disbursement Payroll Processing Fee		Transaction ID : D556203
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2072.91
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 63 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Kron Chocolatier		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 5300 Wisconsin Avenue NW		Amount of Each Disbursement this Period 42.00
City Washington State DC Zip Code 20015-2013	Purpose of Disbursement Gifts for Supporters	
Candidate Name	Category/Type	Transaction ID : D555703
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 1405.48
City New Haven State CT Zip Code 06510-1801	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	Transaction ID : D555864
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ms. Yasmine Zamani		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 7240 Evans Mill Road		Amount of Each Disbursement this Period 2102.50
City McLean State VA Zip Code 22101-3422	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	Transaction ID : D555504
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3549.98
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 64 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Caseus, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 93 Whitney Avenue		Amount of Each Disbursement this Period 345.64 Transaction ID : D555124
City New Haven	State CT	
Zip Code 06510-1236	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Parcel Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 7247-0244		Amount of Each Disbursement this Period 19.64 Transaction ID : D554004
City Philadelphia	State PA	
Zip Code 19170-0001	Purpose of Disbursement Shipping	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Hearst Media		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 410 State st		Amount of Each Disbursement this Period 1500.00 Transaction ID : D555134
City Bridgeport	State CT	
Zip Code 06604	Purpose of Disbursement Online Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1865.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Christian Community Action, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 168 Davenport Avenue		Amount of Each Disbursement this Period 125.00 Transaction ID : D554855
City New Haven State CT Zip Code 06519-1333	Purpose of Disbursement Print Advertisement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Democracy Engine LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 58.60 Transaction ID : D554935
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Citizens Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 1574.74 Transaction ID : D555505
City New Haven State CT Zip Code 06510-1801	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1758.34
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 66 OF 94		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1101 15th St NW #500		Amount of Each Disbursement this Period 35.00 Transaction ID : D555135
City Washington State DC Zip Code 20005	Purpose of Disbursement Software License Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Hartford		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 2907		Amount of Each Disbursement this Period 101.40 Transaction ID : D554005
City Hartford State CT Zip Code 06104-2907	Purpose of Disbursement Insurance	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Connecticut Women's Hall of Fame		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 320 Fitch Street		Amount of Each Disbursement this Period 125.00 Transaction ID : D555125
City New Haven State CT Zip Code 06515-1306	Purpose of Disbursement Event Tickets	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	261.40
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 67 OF 94		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Democracy Engine LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 4.30 Transaction ID : D554936
City Washington	State DC	
Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Commissioner of Revenue Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 86.25 Transaction ID : D55506
City Hartford	State CT	
Zip Code 06104-2931	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Myers Flower Shops		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 1008 Main Street		Amount of Each Disbursement this Period 337.61 Transaction ID : D555706
City Branford	State CT	
Zip Code 06405-3773	Purpose of Disbursement Flowers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	428.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 94		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Mr. Jimmy Tickey		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 496.72 Transaction ID : D554877
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Virginia Department of Taxation		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO Box 1115		Amount of Each Disbursement this Period 155.00 Transaction ID : D555507
City Richmond	State VA	
Zip Code 23218-1115	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Nica's Market		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 603 Orange Street		Amount of Each Disbursement this Period 255.00 Transaction ID : D555127
City New Haven	State CT	
Zip Code 06511-3826	Purpose of Disbursement Catering	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	906.72
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Nica's Market		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 603 Orange Street		Amount of Each Disbursement this Period 594.00
City New Haven	State CT	
Zip Code 06511-3826	Purpose of Disbursement Catering	Transaction ID : D555707
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 74.11
City New Haven	State CT	
Zip Code 06510-1801	Purpose of Disbursement Bank Service Charge	Transaction ID : D553567
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mr. Ignacio Blanco		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 28 Mountain Road		Amount of Each Disbursement this Period 450.00
City Wilton	State CT	
Zip Code 06897-4912	Purpose of Disbursement Catering	Transaction ID : D554538
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1118.11
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 70 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Docuprint & Imaging

Full Name (Last, First, Middle Initial)
Mailing Address 27 Whitney Avenue

City New Haven State CT Zip Code 06510-1219

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 29 / 2014

Amount of Each Disbursement this Period: 997.55

Transaction ID : D555128

B. Mr. Jimmy Tickey

Full Name (Last, First, Middle Initial)
Mailing Address 6 Coachmans Lane

City Shelton State CT Zip Code 06484-5001

Purpose of Disbursement Petty Cash Replenishment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 22 / 2014

Amount of Each Disbursement this Period: 135.91

Transaction ID : D555138

c. United Parcel Service

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 7247-0244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement Shipping

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 14 / 2014

Amount of Each Disbursement this Period: 23.33

Transaction ID : D555698

SUBTOTAL of Disbursements This Page (optional) 1156.79

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 71 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

A. Caffe Bravo

Full Name (Last, First, Middle Initial)
Mailing Address 794 Orange St

City New Haven State CT Zip Code 06511-2508

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2014

Amount of Each Disbursement this Period: 255.24

Transaction ID : D555708

B. Intuit

Full Name (Last, First, Middle Initial)
Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94043-1126

Purpose of Disbursement Payroll Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 3.23

Transaction ID : D553568

C. Ms. Yasmine Zamani

Full Name (Last, First, Middle Initial)
Mailing Address 7240 Evans Mill Road

City McLean State VA Zip Code 22101-3422

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2014

Amount of Each Disbursement this Period: 1844.63

Transaction ID : D552879

SUBTOTAL of Disbursements This Page (optional) 2103.10

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 72 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Myers Flower Shops		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1008 Main Street		Amount of Each Disbursement this Period 596.51 Transaction ID : D554859
City Branford	State CT	
Zip Code 06405-3773	Purpose of Disbursement Flowers	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. JMJ Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 129 Church St.		Amount of Each Disbursement this Period 653.00 Transaction ID : D55489
City New Haven	State CT	
Zip Code 06510	Purpose of Disbursement Office Rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Ms. Judith R. Kidd		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1041 Forest Road		Amount of Each Disbursement this Period 528.00 Transaction ID : D554509
City New Haven	State CT	
Zip Code 06515-2416	Purpose of Disbursement Event beverages	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	* In-Kind Received

SUBTOTAL of Disbursements This Page (optional).....	1777.51
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 73 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Democracy Engine LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 124.60 Transaction ID : D553999
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Jimmy Tickey		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 124.32 Transaction ID : D555699
City Shelton State CT Zip Code 06484-5001	Purpose of Disbursement Mileage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Democracy Engine LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 850 Quincy St NW Apt 402		Amount of Each Disbursement this Period 343.24 Transaction ID : D556189
City Washington State DC Zip Code 20011-5873	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	592.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. FirstData Merchant Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1 Western Maryland Pkwy		Amount of Each Disbursement this Period 30.15
City Hagerstown	State MD	
Zip Code 21740	Purpose of Disbursement Merchant Fees	Transaction ID : D556199
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. United Parcel Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 7247-0244		Amount of Each Disbursement this Period 20.82
City Philadelphia	State PA	
Zip Code 19170-0001	Purpose of Disbursement Shipping	Transaction ID : D555129
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nica's Market		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 603 Orange Street		Amount of Each Disbursement this Period 328.50
City New Haven	State CT	
Zip Code 06511-3826	Purpose of Disbursement Catering	Transaction ID : D555709
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	379.47
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)	PAGE 75 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Mr. Jimmy Tickey		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 337.12
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Reimbursement (see below)	Transaction ID : D555436
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mr. Jimmy Tickey		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 6 Coachmans Lane		Amount of Each Disbursement this Period 124.32
City Shelton	State CT	
Zip Code 06484-5001	Purpose of Disbursement Mileage	Transaction ID : D555437
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Diners Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address PO Box 6012		Amount of Each Disbursement this Period 392.46
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Catering	Transaction ID : D555697
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	729.58
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Portofino		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 937 State Street		Amount of Each Disbursement this Period 95.30
City New Haven	State CT	
Zip Code 06511-3926	Purpose of Disbursement Catering	Transaction ID : D557263
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Caffe Bravo		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 794 Orange St		Amount of Each Disbursement this Period 297.16
City New Haven	State CT	
Zip Code 06511-2508	Purpose of Disbursement Catering	Transaction ID : D557264
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Chase Card Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address PO Box 15651		Amount of Each Disbursement this Period 417.42
City Wilmington	State DE	
Zip Code 19886-5651	Purpose of Disbursement Credit Card Payment	Transaction ID : D555972
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	417.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. US Airways			Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 4000 E Skyharbor Blvd			Amount of Each Disbursement this Period 268.20
City Phoenix	State AZ	Zip Code 85034	
Purpose of Disbursement Travel		Category/ Type	Transaction ID : D555973
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

Full Name (Last, First, Middle Initial) B. Capital One Bank			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 71083			Amount of Each Disbursement this Period 7074.62
City Charlotte	State NC	Zip Code 28272	
Purpose of Disbursement Credit Card Payment		Category/ Type	Transaction ID : D557035
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Stop & Shop			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 450 Elm St			Amount of Each Disbursement this Period 27.15
City West Haven	State CT	Zip Code 06516	
Purpose of Disbursement Event Supplies		Category/ Type	Transaction ID : D557290
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		[MEMO ITEM]
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	7074.62
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 78 OF 94			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Teddy B's		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 136 Amity Rd		Amount of Each Disbursement this Period 451.00
City Bethany	State CT	Zip Code 06524-3424
Purpose of Disbursement Catering	Category/Type	
Candidate Name	Transaction ID : D557271	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address Brewery St		Amount of Each Disbursement this Period 490.00
City New Haven	State CT	Zip Code 06511
Purpose of Disbursement Postage	Category/Type	
Candidate Name	Transaction ID : D557272	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Hartford Courant		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 285 Broad St		Amount of Each Disbursement this Period 1500.00
City Hartford	State CT	Zip Code 06115-3785
Purpose of Disbursement Print Advertisement	Category/Type	
Candidate Name	Transaction ID : D557292	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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)	PAGE 79 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 30.00
City Carol Stream	State IL	
Zip Code 60197-5082	Purpose of Disbursement Phone Bill	Transaction ID : D557273
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 27.29
City Carol Stream	State IL	
Zip Code 60197-5082	Purpose of Disbursement Phone Bill	Transaction ID : D557274
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. United States Postal Service USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address Brewery St		Amount of Each Disbursement this Period 147.00
City New Haven	State CT	
Zip Code 06511	Purpose of Disbursement Postage	Transaction ID : D557275
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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)	PAGE 80 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. BJ's Wholesale		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 555 Universal Dr		Amount of Each Disbursement this Period 202.81
City New Haven	State CT	
Zip Code 06519	Purpose of Disbursement Event Supplies	Transaction ID : D557266
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. The Playwright Irish Pub		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1232 Whitney Ave		Amount of Each Disbursement this Period 737.70
City Hamden	State CT	
Zip Code 06517-2802	Purpose of Disbursement Catering	Transaction ID : D557276
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2632 Marine Way		Amount of Each Disbursement this Period 477.51
City Mountain View	State CA	
Zip Code 94043-1126	Purpose of Disbursement Payroll Processing Fee	Transaction ID : D557286
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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)	PAGE 81 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Capital One Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 112.89
City Charlotte	State NC	
Zip Code 28272	Purpose of Disbursement Credit Card Processing Fee	Transaction ID : D557316
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. United States Postal Service USPS		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address Brewery St		Amount of Each Disbursement this Period 490.00
City New Haven	State CT	
Zip Code 06511	Purpose of Disbursement Postage	Transaction ID : D557277
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 310.60
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement Office Supplies	Transaction ID : D557278
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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)		PAGE 82 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Bellini's Italian Cuisine and Pizza Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 2 Broadway		Amount of Each Disbursement this Period 1744.26
City North Haven	State CT	Zip Code 06473-2349
Purpose of Disbursement Catering	Category/Type	
Candidate Name	Transaction ID : D557288	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Amity Wine and Spirits		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 95 Amity Road		Amount of Each Disbursement this Period 100.33
City New Haven	State CT	Zip Code 06515-1400
Purpose of Disbursement Event Beverages	Category/Type	
Candidate Name	Transaction ID : D557269	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Capital One Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 71083		Amount of Each Disbursement this Period 2388.31
City Charlotte	State NC	Zip Code 28272
Purpose of Disbursement Credit Card Payment	Category/Type	
Candidate Name	Transaction ID : D557366	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2388.31
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 83 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. 500 Degrees on Main Street			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 181 Main St			Amount of Each Disbursement this Period 887.86
City Derby	State CT	Zip Code 06418-1936	
Purpose of Disbursement Catering		Category/ Type	Transaction ID : D557382 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. Connecticut Democratic Party			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 30 Arbor St Ste 404			Amount of Each Disbursement this Period 250.00
City Hartford	State CT	Zip Code 06106-1215	
Purpose of Disbursement Print Advertisement		Category/ Type	Transaction ID : D557386 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. Amity Wine and Spirits			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 95 Amity Road			Amount of Each Disbursement this Period 97.65
City New Haven	State CT	Zip Code 06515-1400	
Purpose of Disbursement Event Beverages		Category/ Type	Transaction ID : D557367 [MEMO ITEM]
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

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)		PAGE 84 OF 94	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Connecticut Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 30 Arbor St Ste 404		Amount of Each Disbursement this Period 500.00
City Hartford	State CT	Zip Code 06106-1215
Purpose of Disbursement Event Tickets	Category/Type	
Candidate Name	Transaction ID : D557387	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. BJ's Wholesale		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 555 Universal Dr		Amount of Each Disbursement this Period 78.80
City New Haven	State CT	Zip Code 06519
Purpose of Disbursement Event Supplies	Category/Type	
Candidate Name	Transaction ID : D557368	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 30.00
City Carol Stream	State IL	Zip Code 60197-5082
Purpose of Disbursement Phone Bill	Category/Type	
Candidate Name	Transaction ID : D557378	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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)	PAGE 85 OF 94			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 431.63
City Framingham	State MA Zip Code 01702-4478	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : D557388
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 5082		Amount of Each Disbursement this Period 27.29
City Carol Stream	State IL Zip Code 60197-5082	
Purpose of Disbursement Phone Bill	Candidate Name	Transaction ID : D557379
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
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:	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	55445.05

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 94			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. PATRICK HENRY HAYS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 94886		Amount of Each Disbursement this Period 1000.00
City North Little Rock State AR Zip Code 72190-4886	Purpose of Disbursement Contribution	Transaction ID : D554870
Candidate Name PATRICK HENRY HAYS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 02		

Full Name (Last, First, Middle Initial) B. Sean Patrick Maloney for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 270		Amount of Each Disbursement this Period 1000.00
City NEWBURGH State NY Zip Code 12550	Purpose of Disbursement Contribution	Transaction ID : D554861
Candidate Name SEAN PATRICK MALONEY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY District: 18		

Full Name (Last, First, Middle Initial) c. Horsford for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 6100 Elton Avenue Suite 1000		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89107-0123	Purpose of Disbursement Contribution	Transaction ID : D554871
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 94	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. MOULTON FOR CONGRESS COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 2013		Amount of Each Disbursement this Period 1000.00 Transaction ID : D553861
City Salem State MA Zip Code 01970-6213	Purpose of Disbursement Contribution	
Candidate Name SETH MOULTON	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MA District: 06		

Full Name (Last, First, Middle Initial) B. PETE AGUILAR FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 10954		Amount of Each Disbursement this Period 500.00 Transaction ID : D554862
City SAN BERNADINO State CA Zip Code 92423	Purpose of Disbursement Contribution	
Candidate Name PETE AGUILAR	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 31		

Full Name (Last, First, Middle Initial) c. Loeb sack For Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 3013		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554872
City Iowa City State IA Zip Code 52244-3013	Purpose of Disbursement Contribution	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 94			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. PAT MURPHY FOR IOWA		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 692		Amount of Each Disbursement this Period 1000.00 Transaction ID : D553862
City Dubuque	State IA	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name PATRICK JOSEPH MURPHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

Full Name (Last, First, Middle Initial) B. APPEL FOR IOWA, INC.		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 702		Amount of Each Disbursement this Period 500.00 Transaction ID : D554863
City DES MOINES	State IA	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name STACI APPEL		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 03		

Full Name (Last, First, Middle Initial) C. PAT MURPHY FOR IOWA		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 692		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554873
City Dubuque	State IA	
Purpose of Disbursement Contribution		Category/ Type
Candidate Name PATRICK JOSEPH MURPHY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 94			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. ROMANOFF FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 783		Amount of Each Disbursement this Period 1000.00 Transaction ID : D553863
City Aurora State CO Zip Code 80040-0783	Purpose of Disbursement Contribution	
Candidate Name ANDREW ROMANOFF	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CO District: 06		

Full Name (Last, First, Middle Initial) B. BRAD ASHFORD FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 24023		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554864
City Omaha State NE Zip Code 68124-0023	Purpose of Disbursement Contribution	
Candidate Name BRAD ASHFORD	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NE District: 02		

Full Name (Last, First, Middle Initial) c. Scott Peters For Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 70980		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554874
City WASHINGTON State DC Zip Code 20024	Purpose of Disbursement Contribution	
Candidate Name SCOTT PETERS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 52		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 94			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. Horsford for Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 6100 Elton Avenue Suite 1000		Amount of Each Disbursement this Period 1000.00 Transaction ID : D553864
City Las Vegas	State NV Zip Code 89107-0123	
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends of Pete Gallego		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 1781		Amount of Each Disbursement this Period 1000.00 Transaction ID : D555154
City SAN ANTONIO	State TX Zip Code 78296	
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name PETE GALLEGO		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: TX District: 23		

Full Name (Last, First, Middle Initial) c. Friends of John Barrow		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 1001		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554865
City AUGUSTA	State GA Zip Code 30903	
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name JOHN J. BARROW		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: GA District: 12		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 94			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. MARK TAKAI FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 2267		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554875
City Pearl City	State HI	
Zip Code 96782-9267		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name KYLE MARK TAKAI		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: HI	District: 01	

Full Name (Last, First, Middle Initial) B. ENYART FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 308		Amount of Each Disbursement this Period 1000.00 Transaction ID : D555155
City BELLEVILLE	State IL	
Zip Code 62222		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name WILLIAM L. JR. ENYART		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IL	District: 12	

Full Name (Last, First, Middle Initial) C. PAM BYRNES FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 485		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554866
City Dexter	State MI	
Zip Code 48130-0485		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name PAM BYRNES		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI	District: 07	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 94			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. KIRKPATRICK FOR ARIZONA		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 12011		Amount of Each Disbursement this Period 1000.00 Transaction ID : D555156
City CASA GRANDE	State AZ	
Zip Code 85130	Purpose of Disbursement Contribution	Category/ Type
Candidate Name ANN KIRKPATRICK	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AZ District: 01	

Full Name (Last, First, Middle Initial) B. CAIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address P.O. BOX 1523		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554867
City BANGOR	State ME	
Zip Code 04402	Purpose of Disbursement Contribution	Category/ Type
Candidate Name EMILY ANN CAIN	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: ME District: 02	

Full Name (Last, First, Middle Initial) C. PATRICK HENRY HAYS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO Box 94886		Amount of Each Disbursement this Period 1000.00 Transaction ID : D555157
City North Little Rock	State AR	
Zip Code 72190-4886	Purpose of Disbursement Contribution	Category/ Type
Candidate Name PATRICK HENRY HAYS	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: AR District: 02	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 94			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. JOE GARCIA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO BOX 330871		Amount of Each Disbursement this Period 1000.00 Transaction ID : D554868
City MIAMI State FL Zip Code 33233	Purpose of Disbursement Contribution	
Candidate Name JOE GARCIA	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 26		

Full Name (Last, First, Middle Initial) B. NICK CASEY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO BOX 1311		Amount of Each Disbursement this Period 1000.00 Transaction ID : D555148
City CHARLESTON State WV Zip Code 25325	Purpose of Disbursement Contribution	
Candidate Name GEORGE NICHOLAS JR CASEY	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WV District: 02		

Full Name (Last, First, Middle Initial) c. Loeb sack For Congress		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address PO Box 3013		Amount of Each Disbursement this Period 1000.00 Transaction ID : D555158
City Iowa City State IA Zip Code 52244-3013	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 94	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Rosa DeLauro

Full Name (Last, First, Middle Initial) A. GRAHAM FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address PO Box 310		Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL Zip Code 32302-0310	
Purpose of Disbursement Contribution	Category/Type	Transaction ID : D554869
Candidate Name GWEN GRAHAM		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 02		

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	24000.00