

**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

LARSON FOR CONGRESS

ADDRESS (number and street)

PO Box 261172



Check if different than previously reported. (ACC)

Hartford

CT

06126-1172

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00330142

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

CT

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

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 / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

11

29

2022

through

M M / D D / Y Y Y Y

12

31

2022

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

Feldman, Barry, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Feldman, Barry, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01

30

2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 35

Write or Type Committee Name  
**LARSON FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
 11 / 29 / 2022

To:

M M / D D / Y Y Y Y  
 12 / 31 / 2022

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 2297.00                 | 4902.50                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 2297.00                 | 4902.50                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 54520.47                | 108287.72                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 54520.47                | 108287.72                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 364470.26               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 1889.62                 |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 11992.27                |                                    |

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 35

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LARSON FOR CONGRESS

Report Covering the Period:

From:

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

To:

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

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

1000.00

1000.00

(ii) Unitemized.....

297.00

402.50

(iii) TOTAL of contributions from individuals ▶

1297.00

1402.50

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

1000.00

3500.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

2297.00

4902.50

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

9.25

9.25

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

2306.25

4911.75

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 35

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 54520.47                      | 108287.72                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 56.97                         | 1227.13                            |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 54577.44                      | 109514.85                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 416741.45 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 2306.25   |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 419047.70 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 54577.44  |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 364470.26 |

# **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 5 OF 35

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

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

|                                                                       |             |                                                                                                                                                            |                                                            |  |  |
|-----------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>Wool, Scott, , , |             |                                                                                                                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>11 / 30 / 2022 |  |  |
| Mailing Address 13 Fir Grove                                          |             |                                                                                                                                                            | Transaction ID : SA11AI.90068                              |  |  |
| City<br>Manchester                                                    | State<br>CT | Zip Code<br>06040                                                                                                                                          | Amount of Each Receipt this Period<br>1000.00              |  |  |
| FEC ID number of contributing federal political committee.<br>C       |             | Name of Employer<br>Omni Books Inc                                                                                                                         |                                                            |  |  |
| Occupation<br>Vice President                                          |             | Receipt For: 2024<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ Convention |                                                            |  |  |
| Election Cycle-to-Date ▼<br>1000.00                                   |             | <input type="checkbox"/> Memo Item<br>Earmarked through ActBlue PAC                                                                                        |                                                            |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)                     |             |                                                                                                                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |  |
| Mailing Address                                                       |             |                                                                                                                                                            | Amount of Each Receipt this Period                         |  |  |
| City                                                                  | State       | Zip Code                                                                                                                                                   | <input type="checkbox"/> Memo Item                         |  |  |
| FEC ID number of contributing federal political committee.<br>C       |             | Name of Employer                                                                                                                                           |                                                            |  |  |
| Occupation                                                            |             | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                            |                                                            |  |  |
| Election Cycle-to-Date ▼                                              |             | <input type="checkbox"/> Memo Item                                                                                                                         |                                                            |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)                     |             |                                                                                                                                                            | Date of Receipt<br>M M / D D / Y Y Y Y Y                   |  |  |
| Mailing Address                                                       |             |                                                                                                                                                            | Amount of Each Receipt this Period                         |  |  |
| City                                                                  | State       | Zip Code                                                                                                                                                   | <input type="checkbox"/> Memo Item                         |  |  |
| FEC ID number of contributing federal political committee.<br>C       |             | Name of Employer                                                                                                                                           |                                                            |  |  |
| Occupation                                                            |             | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                            |                                                            |  |  |
| Election Cycle-to-Date ▼                                              |             | <input type="checkbox"/> Memo Item                                                                                                                         |                                                            |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶               |             |                                                                                                                                                            | 1000.00                                                    |  |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶     |             |                                                                                                                                                            | 1000.00                                                    |  |  |

FOR LINE NUMBER:  
(check only one)

Diagram illustrating a 2x5 grid of boxes. The top row contains boxes labeled 11a, 11b, 11c, 11d, and 11e. The bottom row contains boxes labeled 12, 13a, 13b, 14, and 15. Box 11c contains an 'X' and box 13b contains a '1'.

NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

ACTBLUE

Three digital displays showing the date 11/30/2022 in MM/DD/YYYY format. The first display shows '11' with 'M' labels above. The second shows '30' with 'D' labels above. The third shows '2022' with 'Y' labels above. The displays are separated by slashes.

|          |
|----------|
| Zip Code |
| 02144    |

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

A diagram of a rectangular box with a length of 35.00 units. The box is shown in perspective, with a top edge and a bottom edge. The bottom edge is labeled with the value 35.00. The box is divided into sections by vertical lines, with some sections containing small rectangular features.

Total earmarked through conduit. PAC limit not affected.

ACTBLUE

MM / DD / YYYY  
12 / 12 / 2022

|          |
|----------|
| Zip Code |
| 02144    |

C C00401224

A horizontal number line with major tick marks every 10 units, labeled 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, and 100. There are also minor tick marks every 1 unit. A point is marked on the line between 20 and 30, specifically at the 25.50 position, and is labeled "25.50".

Total earmarked through conduit. PAC limit not affected.

ACTBLUE

MM / DD / YYYY  
12 / 12 / 2022

|          |
|----------|
| Zip Code |
| 02144    |

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

A schematic diagram of a two-story building. A large black arrow points downwards towards the roof of the building, indicating an applied load. The building is represented by two horizontal lines for the floor and ceiling, with vertical lines indicating the walls and columns. The ground level is indicated by a horizontal line at the bottom.

Total earmarked through conduit. PAC limit not affected.

0.00

FOR LINE NUMBER:  
(check only one)

|  |     |     |       |     |     |
|--|-----|-----|-------|-----|-----|
|  | 11a | 11b | X 11c | 11d | 11e |
|  | 12  | 13a | 1 13b | 14  | 15  |

NAME OF COMMITTEE (In Full)  
LARSON FOR CONGRESS

ACTBLUE



|          |
|----------|
| Zip Code |
| 02144    |

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

A diagram of a rectangular box with a length of 45.00 units. The box is shown in perspective, with a top edge and a bottom edge. The bottom edge is labeled with the number 45.00. The box is divided into sections by vertical lines, and there are small rectangular features on the bottom edge.

Total earmarked through conduit. PAC limit not affected.

ACTBLUE

MM / DD / YYYY  
12 / 20 / 2022

|          |
|----------|
| Zip Code |
| 02144    |

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

| Age Group | Percentage |
|-----------|------------|
| 18-24     | 0.5        |
| 25-34     | 1.0        |
| 35-44     | 1.5        |
| 45-54     | 2.0        |
| 55-64     | 2.5        |
| 65-74     | 3.0        |
| 75-84     | 3.5        |
| 85+       | 4.0        |

Total earmarked through conduit. PAC limit not affected.

ACTBLUE

MM / DD / YYYY  
12 / 29 / 2022

|          |
|----------|
| Zip Code |
| 02144    |

|   |           |
|---|-----------|
| C | C00401224 |
|---|-----------|

145.00

Total earmarked through conduit. PAC limit not affected.

0.00

# **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 35

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

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

Full Name (Last, First, Middle Initial)  
INFORMATION TECHNOLOGY INDUSTRY COUNCIL POLITICAL ACTION COMMITTEE (ITI PAC)

**A.**

Mailing Address 700 K STREET, NW  
SUITE 600

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00419036

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☐ General  
☒ Other (specify) ▼

Convention

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 30 2022

Transaction ID : SA11C.90110

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**B.**

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

☐ Memo Item

**C.**

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

☐ Memo Item

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address P.O. Box 114

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
Credit card payment (see below)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 12  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

223.93

Transaction ID : SB17.90218

☐ Memo Item**B. Starbuck's**

Mailing Address 185 Spencer Street

City  
ManchesterState  
CTZip Code  
06040Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 24  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

8.91

Transaction ID : SB17.90218.1

☒ Memo Item**c. Starbuck's**

Mailing Address 185 Spencer Street

City  
ManchesterState  
CTZip Code  
06040Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 24  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

9.12

Transaction ID : SB17.90218.2

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

223.93

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Starbuck's**

Mailing Address 185 Spencer Street

City  
ManchesterState  
CTZip Code  
06040Purpose of Disbursement  
Food and beverage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 11  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

6.07

Transaction ID : SB17.90218.7

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 114

City  
NewarkState  
NJZip Code  
07101Purpose of Disbursement  
Credit card payment (see below)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 13  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

3685.00

Transaction ID : SB17.90217

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Courtyard by Marriott**

Mailing Address 30 Whalley Avenue

City  
New HavenState  
CTZip Code  
06511Purpose of Disbursement  
Catering and facility fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 19  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.90217.0

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3685.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Crystal Ridge Winery**

Mailing Address 257 Belltown Road

City  
South GlastonburyState  
CTZip Code  
06073Purpose of Disbursement  
Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 20  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

957.15

Transaction ID : SB17.90217.1

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Crystal Ridge Winery**

Mailing Address 257 Belltown Road

City  
South GlastonburyState  
CTZip Code  
06073Purpose of Disbursement  
Facility fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 20  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

703.20

Transaction ID : SB17.90217.2

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Max Fish**

Mailing Address 140 Glastonbury Blvd.

City  
GlastonburyState  
CTZip Code  
06033Purpose of Disbursement  
Political meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 24  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

255.05

Transaction ID : SB17.90217.3

☒ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Courtyard by Marriott**

Mailing Address 30 Whalley Avenue

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 25  | 2022    |

City  
New HavenState  
CTZip Code  
06511Purpose of Disbursement  
Catering

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

300.83

Transaction ID : SB17.90217.4

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Courtyard by Marriott**

Mailing Address 30 Whalley Avenue

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 26  | 2022    |

City  
New HavenState  
CTZip Code  
06511Purpose of Disbursement  
Catering

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

309.08

Transaction ID : SB17.90217.5

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**c. Peppercorn's Grill**

Mailing Address P.O. Box 776

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 26  | 2022    |

City  
PlainvilleState  
CTZip Code  
06062Purpose of Disbursement  
Political meals

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

450.31

Transaction ID : SB17.90217.6

☒ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Autumn Publishing**

Mailing Address P.O. Box 1530

City  
ViennaState  
VAZip Code  
22183Purpose of Disbursement  
Printing

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 21  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

4788.87

Transaction ID : SB17.90230

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Barnes, Joshua E., , ,**

Mailing Address 85 Charles Street

City  
TollandState  
CTZip Code  
06084Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1197.33

Transaction ID : SB17.90008

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Barnes, Joshua E., , ,**

Mailing Address 85 Charles Street

City  
TollandState  
CTZip Code  
06084Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 08  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1197.30

Transaction ID : SB17.90174

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7183.50

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Barnes, Joshua E., , ,**

Mailing Address 85 Charles Street

City  
TollandState  
CTZip Code  
06084Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 15  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1197.31

Transaction ID : SB17.90183

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Barnes, Joshua E., , ,**

Mailing Address 85 Charles Street

City  
TollandState  
CTZip Code  
06084Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 22  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1197.31

Transaction ID : SB17.90187

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Barnes, Joshua E., , ,**

Mailing Address 85 Charles Street

City  
TollandState  
CTZip Code  
06084Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1197.29

Transaction ID : SB17.90179

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3591.91

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Christiana, Linda, , ,**

Mailing Address 96 Oak Forest Drive

City  
ManchesterState  
CTZip Code  
06040Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

135.73

Transaction ID : SB17.90009

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christiana, Linda, , ,**

Mailing Address 96 Oak Forest Drive

City  
ManchesterState  
CTZip Code  
06040Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 08  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

135.73

Transaction ID : SB17.90175

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Christiana, Linda, , ,**

Mailing Address 96 Oak Forest Drive

City  
ManchesterState  
CTZip Code  
06040Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 15  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

135.73

Transaction ID : SB17.90184

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

407.19

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Christiana, Linda, , ,**

Mailing Address 96 Oak Forest Drive

City  
ManchesterState  
CTZip Code  
06040Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 22  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

135.73

Transaction ID : SB17.90188

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Christiana, Linda, , ,**

Mailing Address 96 Oak Forest Drive

City  
ManchesterState  
CTZip Code  
06040Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

135.72

Transaction ID : SB17.90180

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Dillon, Evelyn, , ,**

Mailing Address 28 Heritage Drive

City  
WindsorState  
CTZip Code  
06095Purpose of Disbursement  
Entertainment

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 22  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.90210

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

571.45

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Dostle, Kylee A., , ,**

Mailing Address 1472 Stafford Road

City  
StorrsState  
CTZip Code  
06268Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

697.75

Transaction ID : SB17.90010

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. E.A.Sheehan, LLC, , ,**

Mailing Address PO Box 1081

City  
SimsburyState  
CTZip Code  
06070Purpose of Disbursement  
Communications

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 08  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2127.00

Transaction ID : SB17.90235

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. E.A.Sheehan, LLC, , ,**

Mailing Address PO Box 1081

City  
SimsburyState  
CTZip Code  
06070Purpose of Disbursement  
Communications

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 28  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2127.00

Transaction ID : SB17.90295

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4951.75

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Exxon/Mobil**

Mailing Address P. O. Box 688940

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 23  | 2022    |

City  
Des MoinesState  
IAZip Code  
50368Purpose of Disbursement  
Gasoline

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

322.07

Transaction ID : SB17.90209

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Feldman, Barry, , ,**

Mailing Address 185 Symphony Way

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 01  | 2022    |

City  
CentrevilleState  
MDZip Code  
21617Purpose of Disbursement  
Salary

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

601.89

Transaction ID : SB17.90011

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Feldman, Barry, , ,**

Mailing Address 185 Symphony Way

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 08  | 2022    |

City  
CentrevilleState  
MDZip Code  
21617Purpose of Disbursement  
Salary

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

601.91

Transaction ID : SB17.90176

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

1525.87

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Feldman, Barry, , ,**

Mailing Address 185 Symphony Way

City  
CentrevilleState  
MDZip Code  
21617Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 15  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

601.91

Transaction ID : SB17.90185

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Feldman, Barry, , ,**

Mailing Address 185 Symphony Way

City  
CentrevilleState  
MDZip Code  
21617Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 22  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

601.92

Transaction ID : SB17.90189

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Feldman, Barry, , ,**

Mailing Address 185 Symphony Way

City  
CentrevilleState  
MDZip Code  
21617Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

601.89

Transaction ID : SB17.90181

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1805.72

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Goodwin University**

Mailing Address One Riverside Drive

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 08  | 2022    |

City  
East HartfordState  
CTZip Code  
06108Purpose of Disbursement  
Rent

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.90233

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Google.**

Mailing Address 111 Eighth Avenue

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 05  | 2022    |

City  
New YorkState  
NYZip Code  
10011Purpose of Disbursement  
Internet service

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

268.00

Transaction ID : SB17.90224

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**c. Herron, Colin, , ,**

Mailing Address 329 State Street

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 12  | 2022    |

City  
New YorkState  
NYZip Code  
10004Purpose of Disbursement  
Videography

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.90238

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

2368.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Maneeley's Banquet Facility, LLC**

Mailing Address 65 Rye Street

City  
South WindsorState  
CTZip Code  
06074Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 08  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

3543.64

Transaction ID : SB17.90228

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Maneeley's Banquet Facility, LLC**

Mailing Address 65 Rye Street

City  
South WindsorState  
CTZip Code  
06074Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 08  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

513.67

Transaction ID : SB17.90229

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Maneeley's Banquet Facility, LLC**

Mailing Address 65 Rye Street

City  
South WindsorState  
CTZip Code  
06074Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 28  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2209.75

Transaction ID : SB17.90296

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6267.06

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. New Blue Interactive, LLC**

Mailing Address 5138 Newport Avenue

City  
BethesdaState  
MDZip Code  
20816Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 09  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.90236

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. New Blue Interactive, LLC**

Mailing Address 5138 Newport Avenue

City  
BethesdaState  
MDZip Code  
20816Purpose of Disbursement  
Fundraising

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 09  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.90237

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. New Blue Interactive, LLC**

Mailing Address 5138 Newport Avenue

City  
BethesdaState  
MDZip Code  
20816Purpose of Disbursement  
Service charge

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 28  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.90207

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7002.50

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. New Blue Interactive, LLC**

Mailing Address 5138 Newport Avenue

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 28  | 2022    |

City  
BethesdaState  
MDZip Code  
20816Purpose of Disbursement  
Fundraising

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.90208

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 01  | 2022    |

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll service

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

34.25

Transaction ID : SB17.90096

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 01  | 2022    |

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll taxes

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

1464.57

Transaction ID : SB17.90097

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

4998.82

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

34.25

Transaction ID : SB17.90226

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1464.57

Transaction ID : SB17.90227

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 08  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

29.33

Transaction ID : SB17.90221

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1528.15

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 08  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

888.10

Transaction ID : SB17.90222

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 15  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

29.33

Transaction ID : SB17.90213

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 15  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

888.11

Transaction ID : SB17.90214

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1805.54

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 20  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

58.59

Transaction ID : SB17.90274

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll service

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

29.33

Transaction ID : SB17.90205

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex of New York, LLC**

Mailing Address 3060 Williams Drive

City  
FairfaxState  
VAZip Code  
22031Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

888.14

Transaction ID : SB17.90206

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

976.06

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 35

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

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NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Perkins Coie**

Mailing Address 1201 Third Avenue

City  
SeattleState  
WAZip Code  
98101Purpose of Disbursement  
Compliance advice

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 12  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1450.00

Transaction ID : SB17.90219

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Perkins Coie**

Mailing Address 1201 Third Avenue

City  
SeattleState  
WAZip Code  
98101Purpose of Disbursement  
Compliance advice

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 12  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1596.00

Transaction ID : SB17.90220

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Perlioni, Megan D., , ,**

Mailing Address 600 H Street NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 22  | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

46.49

Transaction ID : SB17.90190

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3092.49

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 35

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Perlioni, Megan D., , ,**

Mailing Address 600 H Street NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 29  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

46.50

Transaction ID : SB17.90182

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Phillips, Vanessa, , ,**

Mailing Address 46 Strickland Street

City  
ManchesterState  
CTZip Code  
06042Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

206.67

Transaction ID : SB17.90014

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Swift, Nora T., , ,**

Mailing Address 25 Pocono Ridge Road

City  
BrookfieldState  
CTZip Code  
06804Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 01  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

689.37

Transaction ID : SB17.90015

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

942.54

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 35

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

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)

**LARSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. United Parcel Service**Mailing Address 316 Pennsylvania Avenue, SE  
Suite 300City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Beverages

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 20  |   | 2022    |

FEC Identification Number

C

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.90297

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

350.00

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

53277.48

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 35

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Epstein, Charles R., , ,

Nature of Debt (Purpose):

Reimbursement - Food and Beverage

Mailing Address 19 Crest Drive

City

Cromwell

State

CT

Zip Code

06416

Outstanding Balance Beginning This Period

100.00

Transaction ID : SD9.48266

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hartford Courant

Nature of Debt (Purpose):

Refund

Mailing Address 285 Broad Street

City

Hartford

State

CT

Zip Code

06051

Outstanding Balance Beginning This Period

899.99

Transaction ID : SD9.61715

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

899.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Luxenberg, Geoffrey R., , ,

Nature of Debt (Purpose):

Supplies

Mailing Address 45 Chatham Road

City

Manchester

State

CT

Zip Code

06042

Outstanding Balance Beginning This Period

156.32

Transaction ID : SD9.48276

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

156.32

1) **SUBTOTALS** This Period This Page (optional) .....

1156.31

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

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 OF 35

FOR LINE NUMBER:  
(check only one)☒ 9  
☐ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Patricelli, Robert E., , ,

Nature of Debt (Purpose):

Reimbursement - Food

Mailing Address 77 Hartford Road

City

Simsbury

State

CT

Zip Code

06070

Outstanding Balance Beginning This Period

524.48

Transaction ID : SD9.56160

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

524.48

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Suburban Liquor Shop

Nature of Debt (Purpose):

Beverages

Mailing Address 26 New Britain Avenue

City

Rocky Hill

State

CT

Zip Code

06067

Outstanding Balance Beginning This Period

208.83

Transaction ID : SD9.48270

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

208.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

733.31

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

1889.62

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

1889.62

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 OF 35

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Advanced Network Strategies, LLC**

Nature of Debt (Purpose):  
Fund raising fees and expenses

Mailing Address 236 Massachusetts Avenue, N.E.

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>22220 |
|--------------------|-------------|-------------------|

Outstanding Balance Beginning This Period

0.10

Transaction ID : SD10.64206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**AMERICAN FEDERATION OF TEACHERS COMMITTEE ON POLITICAL EDUCATION**

Nature of Debt (Purpose):  
Contribution returned 7/14/2012

Mailing Address 555 NEW JERSEY AVENUE N W

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20001 |
|--------------------|-------------|-------------------|

Outstanding Balance Beginning This Period

2500.00

Transaction ID : SD10.49876

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Luxenberg, Geoffrey R., , ,**

Nature of Debt (Purpose):  
Reimbursement for food and beverage

Mailing Address 45 Chatham Road

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Manchester | State<br>CT | Zip Code<br>06042 |
|--------------------|-------------|-------------------|

Outstanding Balance Beginning This Period

184.24

Transaction ID : SD10.67755

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

184.24

1) **SUBTOTALS** This Period This Page (optional) .....

2684.34

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

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 OF 35

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Perkins Coie

Nature of Debt (Purpose):

Compliance advice

Mailing Address 1201 Third Avenue

City

Seattle

State

WA

Zip Code

98101

Outstanding Balance Beginning This Period

630.00

Transaction ID : SD10.43734

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

630.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Restaurant Associates

Nature of Debt (Purpose):

Catering

Mailing Address P. O. Box 91337

City

Chicago

State

IL

Zip Code

60693

Outstanding Balance Beginning This Period

1785.09

Transaction ID : SD10.64965

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1785.09

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Steptoe &amp; Johnson, LLP

Nature of Debt (Purpose):

Facility Fee

Mailing Address 1330 Connecticut Avenue, NW

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

50.00

Transaction ID : SD10.37308

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

1) **SUBTOTALS** This Period This Page (optional) .....

2465.09

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

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 35

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(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Vinci Group**

Nature of Debt (Purpose):

Fund raising

Mailing Address 24 Huntington Street

City

Manchester

State

CT

Zip Code

06040

Outstanding Balance Beginning This Period

349.72

Transaction ID : SD10.63468

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

349.72

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**The Vinci Group**

Nature of Debt (Purpose):

Printing and postage

Mailing Address 24 Huntington Street

City

Manchester

State

CT

Zip Code

06040

Outstanding Balance Beginning This Period

0.20

Transaction ID : SD10.67470

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**U. S. Capitol Historical Society**

Nature of Debt (Purpose):

Calendars

Mailing Address 200 Maryland Avenue, S.E.

City

Washington

State

DC

Zip Code

20002

Outstanding Balance Beginning This Period

6010.00

Transaction ID : SD10.61999

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6010.00

1) **SUBTOTALS** This Period This Page (optional) ▶

6359.92

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

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 OF 35

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**LARSON FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Verizon Wireless

Nature of Debt (Purpose):

Cell phone service

Mailing Address 20 Alexander Drive

City

Wallingford

State

CT

Zip Code

06492

Outstanding Balance Beginning This Period

482.92

Transaction ID : SD10.42519

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

482.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

482.92

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

11992.27

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

11992.27