

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

10 APR 19 PM 12:58

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

[Empty box for mailing label]

Friends of Chris Dodd

ADDRESS (number and street)

P.O. Box 270701

Check if different than previously reported. (ACC)

West Hartford

CT

06127

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00347310

3. IS THIS REPORT

[X]

NEW (N)

OR

[]

AMENDED (A)

CT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

[X]

April 15 Quarterly Report (Q1)

[]

July 15 Quarterly Report (Q2)

[]

October 15 Quarterly Report (Q3)

[]

January 31 Year-End Report (YE)

[]

Termination Report (TER)

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

[]

Primary (12P)

[]

General (12G)

[]

Runoff (12R)

[]

Convention (12C)

[]

Special (12S)

Election on

[]

[]

[]

in the State of

[]

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

[]

General (30G)

[]

Runoff (30R)

[]

Special (30S)

Election on

[]

[]

[]

in the State of

[]

5. Covering Period

01

01

2010

through

03

31

2010

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

Kathryn J. Damato

assistant treasurer

Signature of Treasurer

Electronically Filed by Kathryn J. Damato

Date

04

14

2010

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

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Chris Dodd

Report Covering the Period:

From:

MM
01

DD
01

YYYYYY
2010

To:

MM
03

DD
31

YYYYYY
2010

	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)).....	19770.00	8580444.78
(b) Total Contribution Refunds (from Line 20(d)).....	1763462.48	1794112.48
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-1743692.48	6786332.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	461177.71	4743420.84
(b) Total Offsets to Operating Expenditures (from Line 14).....	367.87	29076.60
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	460809.84	4714344.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1017289.15	
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

10020262548

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
Friends of Chris Dodd

Report Covering the Period: From:

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

To:

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

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).....

16820.00

5732594.06

(ii) Unitemized.....

950.00

473977.68

(iii) TOTAL of contributions

17770.00

6206571.74

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACS).....

2000.00

2373873.04

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

19770.00

8580444.78

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

0.00

1064982.55

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.).....

367.87

29076.60

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

278845.02

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

20137.87

9953348.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	461177.71	4743420.84
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	121750.00	4860755.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	1128880.01	1135430.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	634582.47	658682.47
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1763462.48	1794112.48
21. OTHER DISBURSEMENTS.....	295.40	61825.31
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	2346685.59	11460113.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3343836.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	20137.87
25. SUBTOTAL (add Line 23 and Line 24).....	3363974.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2346685.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1017289.15

10020262550

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

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

FOR LINE NUMBER: PAGE 5 / 373

(check only one)

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

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 Chris Dodd

A.

Full Name (Last, First, Middle Initial)

A New Direction PAC

Mailing Address P.O. Box 4234

City State Zip Code
Concord NH 03302

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
4400.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2010

Transaction ID: 00326.C22842

Amount of Each Receipt this Period
2000.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

AAJ PAC

Mailing Address 777 6th TSreet NW
Suite 200

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22744

Amount of Each Receipt this Period
-5000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Am. Fed. State County Municipal Emp. PAC

Mailing Address AFSCME PEOPLE
1625 L Street, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼
August 2010 Primary

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22747

Amount of Each Receipt this Period
-5000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

10020262551

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

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

FOR LINE NUMBER: PAGE 6 / 373
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Amalgamated Transit Union PAC

Mailing Address 5025 Wisconsin Avenue NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22745

Amount of Each Receipt this Period
-5000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)
American Council of Life Insurers PAC

Mailing Address 101 Constitution Avenue NW
7th Floor West

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22746

Amount of Each Receipt this Period
-2400.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)
Chicago Board Options Exchange PAC

Mailing Address 400 S LaSalle Street

City State Zip Code
Chicago IL 60605

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22763

Amount of Each Receipt this Period
-5000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

10020262552

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

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

FOR LINE NUMBER: PAGE 7 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Chrysler PAC

Mailing Address 1000 Chrysler Drive
CIMS 485-10-95

City State Zip Code
Auburn Hills MI 48326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22764

Amount of Each Receipt this Period

-5000.00

Memo

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

Reattribution DFP Debt Re-
tire

B.

Full Name (Last, First, Middle Initial)

Commissioner of Major League Baseball

Mailing Address 1050 Connecticut Avenue NW
1100

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22765

Amount of Each Receipt this Period

-2500.00

Memo

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

Reattribution DFP Debt Re-
tire

C.

Full Name (Last, First, Middle Initial)

General Electric Co. PAC

Mailing Address World Headquarters

City State Zip Code
Stamford CT 06926

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22775

Amount of Each Receipt this Period

-3000.00

Memo

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

Reattribution DFP Debt Re-
tire

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 373
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
MFA PAC

Mailing Address 2025 M Street NW
Suite 800

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
8100.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22792

Amount of Each Receipt this Period
-1500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)
Mortgage Bankers Assoc. (MORPAC)

Mailing Address 1919 Pennsylvania Avenue, NW

City State Zip Code
Washington DC 20006-3404

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22799

Amount of Each Receipt this Period
-4000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)
National Assoc Insurance & Financial Adv

Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
6500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22801

Amount of Each Receipt this Period
-1500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

10020262554

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

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

FOR LINE NUMBER: PAGE 9 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
National Assoc Insurance & Financial Adv
Mailing Address 2901 Telestar Court

City State Zip Code
Falls Church VA 22042

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

Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify)▼
Election Cycle-to-Date ▼
5500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22800
Amount of Each Receipt this Period
-1000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)
New Jersey First
Mailing Address Riverfront Plaza Station
PO Box 200597

City State Zip Code
Newark NJ 07102

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

Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify)▼
August 2010 Primary
Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22802
Amount of Each Receipt this Period
-5000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)
Phoenix PAC
Mailing Address Phoenix Companies, Inc. PAC
One American Row

City State Zip Code
Hartford CT 06115

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

Name of Employer Occupation
Receipt For: 2010
 Primary General
 Other (specify)▼
Election Cycle-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22809
Amount of Each Receipt this Period
-1500.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page this line number only)

10020262555

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

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

FOR LINE NUMBER: PAGE 10 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Skadden Arps PAC

Mailing Address 1440 New York Avenue NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary General
 Other (specify)▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22813

Amount of Each Receipt this Period

-500.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

UAW V CAP

Mailing Address 8000 East Jefferson Avenue

City State Zip Code
Detroit MI 48214

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary General
 Other (specify)▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22816

Amount of Each Receipt this Period

-1000.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

2000.00

10020262556

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

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

FOR LINE NUMBER: PAGE 11 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Act Blue Technial Services

Mailing Address 14 Arrow Street
Suite 11

City State Zip Code
Cambridge MA 02138

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
701997.03

Date of Receipt

MM / DD / YYYY
01 / 03 / 2010

Transaction ID: 00406.C22846

Amount of Each Receipt this Period
125.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rod Aycox

Mailing Address 2000 Leadenhall Way

City State Zip Code
Alpharetta GA 30022-6285

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

Name of Employer Occupation
Select Management Resources Owner

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22748

Amount of Each Receipt this Period
-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reatribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Dorothy Barberino

Mailing Address 68 Black Walnut Lane

City State Zip Code
Burlington CT 06013

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

Name of Employer Occupation
Stephen Realty Real Estate

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22749

Amount of Each Receipt this Period
-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reatribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

10020262557

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

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

FOR LINE NUMBER: PAGE 12 / 373

(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Stephen Barberino

Mailing Address 68 Black Walnut Lane

City State Zip Code
Burlington CT 06013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
GM Auto Automobile Dealer

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22750

Amount of Each Receipt this Period
-2300.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)
Gail Bendheim

Mailing Address 65 Challenger Road

City State Zip Code
Ridgefield Park NJ 07660

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Self Employed Psychologist

Receipt For: 2010
 Primary General
 Other (specify)▼
 August 2010 Primary

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22751

Amount of Each Receipt this Period
-2300.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)
Jack Bendheim

Mailing Address 65 Challenger Road

City State Zip Code
Ridgefield Park NJ 07660

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Phibro Animal Health Corp. Chairman & President

Receipt For: 2010
 Primary General
 Other (specify)▼
 August 2010 Primary

Election Cycle-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22752

Amount of Each Receipt this Period
-2300.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

10020262558

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

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

FOR LINE NUMBER: PAGE 13 / 373
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) William Bloss		Date of Receipt MM / DD / YYYY 03 / 10 / 2010
Mailing Address 1165 Great Hill Road		Transaction ID: 00323.C22753
City Guilford	State CT	Zip Code 06437
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -200.00
Name of Employer Koskoff Koskoff Bieder	Occupation Attorney	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 4300.00	

B.

Full Name (Last, First, Middle Initial) Peter Briger		Date of Receipt MM / DD / YYYY 03 / 10 / 2010
Mailing Address 25 Field Point Circle		Transaction ID: 00323.C22756
City Greenwich	State CT	Zip Code 06830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -200.00
Name of Employer Hydromine, Inc.	Occupation Chairman & Chief Executive Off	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 2400.00	

C.

Full Name (Last, First, Middle Initial) Paul Broder		Date of Receipt MM / DD / YYYY 03 / 10 / 2010
Mailing Address 80 Mount Grey Road		Transaction ID: 00323.C22757
City Setauket	State NY	Zip Code 11733
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -600.00
Name of Employer Renaissance Technologies	Occupation Investment Manager	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Election Cycle-to-Date ▼ 4200.00	

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

10020262559

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

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

FOR LINE NUMBER: PAGE 14 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Christopher M. Carr

Mailing Address 397 Longmeadow Street

City

Longmeadow

State

MA

Zip Code

01106

FEC ID number of contributing federal political committee.

C

Name of Employer
Carr Property Management

Occupation
Chairman

Receipt For: 2010

Primary General
 Other (specify)▼

Election Cycle-to-Date ▼

2400.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22758

Amount of Each Receipt this Period

-500.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Pardaman Chatwal

Mailing Address 300 East 93rd Street
#PH2

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation
Consultant

Receipt For: 2010

Primary General
 Other (specify)▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22759

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Sant Chatwal

Mailing Address 300 East 93rd Street
#PH2

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing federal political committee.

C

Name of Employer
Hampshire Hotels & Resorts

Occupation
President & CEO

Receipt For: 2010

Primary General
 Other (specify)▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22760

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

10020262560

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

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

FOR LINE NUMBER: PAGE 15 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Vikram Chatwal

Mailing Address 200 West 55th Street

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee.

C

Name of Employer
Hampshire Hotels & Resorts

Occupation
President Boutique

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22762

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Vivek Chatwal

Mailing Address 200 West 55th Street

City State Zip Code
New York NY 10019

FEC ID number of contributing federal political committee.

C

Name of Employer
Hampshire Hotels & Resorts

Occupation
Vice President

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22761

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Felix Davila

Mailing Address PO Box 8899

City State Zip Code
Bayamon PR 960

FEC ID number of contributing federal political committee.

C

Name of Employer
Self Employed

Occupation
Accountant

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22766

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

10020262561

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

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

FOR LINE NUMBER: PAGE 16 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Robert Downey

Mailing Address 755 Park Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2010
 Primary General
 Other (specify)▼
August 2010 Primary

Election Cycle-to-Date ▼
4300.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22767

Amount of Each Receipt this Period

-200.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Thomas Downey

Mailing Address 1225 I Street NW
Suite 600

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing federal political committee.

C

Name of Employer
Downey McGrath Group Inc

Occupation
Consultant

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
3700.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22769

Amount of Each Receipt this Period

-300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Daniel Fass

Mailing Address 8 Cathlow Drive

City

Riverside

State

CT

Zip Code

06878

FEC ID number of contributing federal political committee.

C

Name of Employer
Greenwich Radiation Oncology

Occupation
Physician

Receipt For: 2010
 Primary General
 Other (specify)▼
August 2010 Primary

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22770

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

10020262562

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

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

FOR LINE NUMBER: PAGE 17 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

William Flanagan

Mailing Address 2186 Pleasant Prospect Lane
P.O. Box 1347

City State Zip Code
Eastville VA 23347

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22772

Amount of Each Receipt this Period

-100.00

Memo

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-
tire

B.

Full Name (Last, First, Middle Initial)

John Freidenrich

Mailing Address 300 Hamilton Avenue
4th Floor

City State Zip Code
Palo Alto CA 94301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Investor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22773

Amount of Each Receipt this Period

-300.00

Memo

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt
Retire

C.

Full Name (Last, First, Middle Initial)

Vincent Frillici

Mailing Address 4617 Arkansas Avenue NW

City State Zip Code
Washington DC 20011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patton Boggs

Occupation
Senior Policy Advisor

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22774

Amount of Each Receipt this Period

-1100.00

Memo

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-
tire

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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 18 / 373
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Merle Goldstein

Mailing Address 70 Harwich Road

City State Zip Code
Providence RI 02906

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

Name of Employer N/A Occupation Retired

Receipt For: 2010
 Primary General
 Other (specify) August 2010 Primary

Election Cycle-to-Date 1200.00

Date of Receipt 03 / 10 / 2010
Transaction ID: 00323.C22776
Amount of Each Receipt this Period -800.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Retire

B.

Full Name (Last, First, Middle Initial)
Gerald Harmon

Mailing Address 184 Hilltop Drive

City State Zip Code
Southington CT 06489

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date 2300.00

Date of Receipt 03 / 10 / 2010
Transaction ID: 00323.C22777
Amount of Each Receipt this Period -100.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Retire

C.

Full Name (Last, First, Middle Initial)
Debra Hauser

Mailing Address 396 Livingston Street

City State Zip Code
New Haven CT 06511

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

Name of Employer Self-employed Occupation Clinical Psychologist

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date 2400.00

Date of Receipt 03 / 10 / 2010
Transaction ID: 00323.C22778
Amount of Each Receipt this Period -100.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Retire

SUBTOTAL of Receipts This Page (optional) **0.00**

TOTAL This Period (last page this line number only)

10020262564

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

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

FOR LINE NUMBER: PAGE 19 / 373
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
Bruce Haverberg

Mailing Address 128 Middlesex Road

City Chestnut Hill State MA Zip Code 02467

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

Name of Employer Self Employed Occupation Attorney

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ 2900.00

Date of Receipt 03 / 10 / 2010
 Transaction ID: 00323.C22779
 Amount of Each Receipt this Period -200.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution DFP Debt Re-tire

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

Mailing Address 133 East 64th Street #4B

City New York State NY Zip Code 10065

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

Name of Employer The Travelers Companies Inc. Occupation Vice Chairman & Chief Investme

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ 3900.00

Date of Receipt 03 / 10 / 2010
 Transaction ID: 00323.C22782
 Amount of Each Receipt this Period -200.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution DFP Debt Re-tire

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

Mailing Address 49 Old Middle Street

City Torrington State CT Zip Code 06790

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2010
 Transaction ID: 00326.C22843
 Amount of Each Receipt this Period 250.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

10020262565

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

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

FOR LINE NUMBER: PAGE 20 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Jonathon Jones

Mailing Address 2000 Freedom Lane

City State Zip Code
Falls Church VA 22043

FEC ID number of contributing federal political committee.

C

Name of Employer
Peck, Madigan, Jones

Occupation
Consultant

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
0.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22783

Amount of Each Receipt this Period

-1000.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Michael Joyce

Mailing Address 10 Berkley Circle

City State Zip Code
Hingham MA 02043

FEC ID number of contributing federal political committee.

C

Name of Employer
Richards Barry Joyce & Partner

Occupation
Partner

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2010

Transaction ID: 00324.C22838

Amount of Each Receipt this Period

1500.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Christine Kalemkeridis

Mailing Address 48-29 92nd St

City State Zip Code
Elmhurst NY 11373

FEC ID number of contributing federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For: 2010
 Primary General
 Other (specify)▼
August 2010 Primary

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22784

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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

10020262566

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

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

FOR LINE NUMBER: PAGE 21 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Petros Kalemkeridis

Mailing Address 48-29 92nd St

City Elmhurst State NY Zip Code 11373

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

Name of Employer Sigma Electric Occupation Electrical Contractor

Receipt For: 2010
 Primary General
 Other (specify) August 2010 Primary

Election Cycle-to-Date 2500.00

Date of Receipt 03 / 10 / 2010

Transaction ID: 00323.C22785

Amount of Each Receipt this Period -2300.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution DFP Debt R-
 tire

B.

Full Name (Last, First, Middle Initial)
Spinos Katsonopoulos

Mailing Address 244-01 73rd Avenue

City Little Neck State NY Zip Code 11362

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

Name of Employer Self Employed Occupation Builder

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date 2400.00

Date of Receipt 01 / 04 / 2010

Transaction ID: 00324.C22835

Amount of Each Receipt this Period 2400.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
Spinos Katsonopoulos

Mailing Address 244-01 73rd Avenue

City Little Neck State NY Zip Code 11362

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

Name of Employer Self Employed Occupation Builder

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date 4800.00

Date of Receipt 01 / 04 / 2010

Transaction ID: 00324.C22834

Amount of Each Receipt this Period 2400.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 4800.00

TOTAL This Period (last page this line number only)

10020262567

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Spinis Katsonopoulos
Mailing Address 244-01 73rd Avenue

City State Zip Code
Little Neck NY 11362

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

Name of Employer Self Employed Occupation
Builder
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00324.C22837
Amount of Each Receipt this Period
-2300.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)
Victoria Kennedy
Mailing Address c/o 330 Madison Avenue

City State Zip Code
New York NY 10017

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

Name of Employer Self Employed Occupation
Attorney
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22786
Amount of Each Receipt this Period
-2300.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)
Russell Klenet
Mailing Address 333 N New River Drive E
Suite 2000

City State Zip Code
Ft Lauderdale FL 33301

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

Name of Employer Self Employed Occupation
President
Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22787
Amount of Each Receipt this Period
-2300.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ► -2300.00

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

10020262568

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

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

FOR LINE NUMBER: PAGE 23 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

George Konnaris

Mailing Address 10-64 Jackson Ave
2nd Floor

City State Zip Code
Long Island City NY 11101

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

Name of Employer Occupation
GKA Design Group Inc CEO

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22788

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Letta Kouzios

Mailing Address 604 158th St

City State Zip Code
Beechiturse NY 11357

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

Name of Employer Occupation
The Right Connections Business Owner

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22790

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Spyridon Kouzios

Mailing Address 604 158th St

City State Zip Code
Beechiturse NY 11357

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

Name of Employer Occupation
The Right Connections Business Owner

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22789

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

10020262569

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

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

FOR LINE NUMBER: PAGE 24 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Brian W. MacLean</p> <p>Mailing Address 51 Crest Drive</p> <p>City State Zip Code Vernon CT 06066</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Travelers</p> <p>Occupation Chief Operating Officer</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p> <p>Election Cycle-to-Date ▼ 4300.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 10 / 2010</p> <p>Transaction ID: 00323.C22793</p> <p>Amount of Each Receipt this Period -200.00</p> <p>Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Anne Mai</p> <p>Mailing Address 50 Cornwall Lane</p> <p>City State Zip Code Port Washington NY 11050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer N/A</p> <p>Occupation Homemaker</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4300.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 10 / 2010</p> <p>Transaction ID: 00323.C22794</p> <p>Amount of Each Receipt this Period -200.00</p> <p>Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Vincent Mai</p> <p>Mailing Address 50 Cornwall Lane</p> <p>City State Zip Code Port Washington NY 11050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AEA Investors LLP</p> <p>Occupation Chairman</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 4300.00</p>	<p>Date of Receipt MM / DD / YYYY 03 / 10 / 2010</p> <p>Transaction ID: 00323.C22795</p> <p>Amount of Each Receipt this Period -200.00</p> <p>Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire</p>	
<p>SUBTOTAL of Receipts This Page (optional) ▶</p>		0.00
<p>TOTAL This Period (last page this line number only) ▶</p>		

10020262570

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

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

FOR LINE NUMBER: PAGE 25 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Melanie McCue

Mailing Address 140 Elbridge Road

City State Zip Code
New Britain CT 06052

FEC ID number of contributing federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22791

Amount of Each Receipt this Period

-600.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Michael McCurry

Mailing Address 10313 Fawcett Street

City State Zip Code
Kensington MD 20895

FEC ID number of contributing federal political committee.

C

Name of Employer
Public Startegies Washing-
ton

Occupation
Partner

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22796

Amount of Each Receipt this Period

-300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Bruce Meredith

Mailing Address 3902 McKinley Street NW

City State Zip Code
Washington DC 20015

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

MM / DD / YYYY
01 / 06 / 2010

Transaction ID: 00122.C22017

Amount of Each Receipt this Period

500.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

John Miller

Mailing Address 1137 Silas Deane Hwy

City State Zip Code
Wethersfield CT 06109

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

Name of Employer Occupation
Close Jensen and Miller Engineer

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22797

Amount of Each Receipt this Period

-200.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Janice OConnell

Mailing Address 6141 31st PI NW

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
Gephardt Government Affairs Consultant

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22803

Amount of Each Receipt this Period

-1500.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

William Oldaker

Mailing Address 818 Connecticut Avenue NW #1100

City State Zip Code
Washington DC 20006

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

Name of Employer Occupation
Self Employed Attorney

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22804

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

10020262572

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

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

FOR LINE NUMBER: PAGE 27 / 373
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Alan Patricof

Mailing Address 830 Park Avenue

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Self Employed Investments

Receipt For: 2010
 Primary General
 Other (specify) August 2010 Primary

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22806

Amount of Each Receipt this Period
-1000.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)
John Paulson

Mailing Address 1251 Avenue of the Americas
50th Floor

City State Zip Code
New York NY 10020

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

Name of Employer Occupation
Paulson & Company President

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22808

Amount of Each Receipt this Period
-2300.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)
Andronicos Petrou

Mailing Address 450 Park Avenue
1901

City State Zip Code
New York NY 10002

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

Name of Employer Occupation
Sterling Agency Insurance Broker

Receipt For: 2010
 Primary General
 Other (specify)

Election Cycle-to-Date 2400.00

Date of Receipt
MM / DD / YYYY
01 / 04 / 2010

Transaction ID: 00324.C22830

Amount of Each Receipt this Period
2400.00

Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 2400.00

TOTAL This Period (last page this line number only)

10020262573

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

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

FOR LINE NUMBER: PAGE 28 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Andronicos Petrou

Mailing Address 450 Park Avenue
1901

City State Zip Code
New York NY 10002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sterling Agency

Occupation
Insurance Broker

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
4800.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2010

Transaction ID: 00324.C22839

Amount of Each Receipt this Period

2400.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Andronicos Petrou

Mailing Address 450 Park Avenue
1901

City State Zip Code
New York NY 10002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sterling Agency

Occupation
Insurance Broker

Receipt For: 2010
 Primary General
 Other (specify)▼

Election Cycle-to-Date ▼
7200.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2010

Transaction ID: 00324.C22831

Amount of Each Receipt this Period

2400.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Andronicos Petrou

Mailing Address 450 Park Avenue
1901

City State Zip Code
New York NY 10002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sterling Agency

Occupation
Insurance Broker

Receipt For: 2010
 Primary General
 Other (specify)▼
August 2010 Primary

Election Cycle-to-Date ▼
9600.00

Date of Receipt

MM / DD / YYYY
01 / 04 / 2010

Transaction ID: 00324.C22832

Amount of Each Receipt this Period

2400.00

Receipt

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

10020262574

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

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

FOR LINE NUMBER: PAGE 29 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Andronicos Petrou</p> <p>Mailing Address 450 Park Avenue 1901</p> <p>City State Zip Code New York NY 10002</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Sterling Agency Insurance Broker</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)▼</p> <p>Election Cycle-to-Date ▼ 4900.00</p>		<p>Date of Receipt MM / DD / YYYY 03 / 10 / 2010</p> <p>Transaction ID: 00324.C22833</p> <p>Amount of Each Receipt this Period -2300.00</p> <p>Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire</p>
--	--	---

<p>B. Full Name (Last, First, Middle Initial) Lewis Rome</p> <p>Mailing Address 1 State St 13th Floor</p> <p>City State Zip Code Hartford CT 06103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rome McGuigan Attorney</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)▼</p> <p>Election Cycle-to-Date ▼ 2700.00</p>		<p>Date of Receipt MM / DD / YYYY 03 / 10 / 2010</p> <p>Transaction ID: 00323.C22810</p> <p>Amount of Each Receipt this Period -300.00</p> <p>Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire</p>
--	--	--

<p>C. Full Name (Last, First, Middle Initial) Victoria Sant</p> <p>Mailing Address 2929 N Street NW</p> <p>City State Zip Code Washington DC 20007</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Summit Foundation President</p> <p>Receipt For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)▼ August 2010 Primary</p> <p>Election Cycle-to-Date ▼ 2500.00</p>		<p>Date of Receipt MM / DD / YYYY 03 / 10 / 2010</p> <p>Transaction ID: 00323.C22811</p> <p>Amount of Each Receipt this Period -2300.00</p> <p>Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Reattribution DFP Debt Re-tire</p>
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SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

10020262575

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Debra Sheinkopf

Mailing Address 755 West End Avenue
Apt 4A

City State Zip Code
New York NY 10025

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

Name of Employer Self Employed Occupation
Self Employed Optometrist

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

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22812

Amount of Each Receipt this Period

-100.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Robert Simon

Mailing Address 525 SE Marion Street
Apt 2

City State Zip Code
Portland OR 97202

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

Name of Employer Self Employed Occupation
Self Employed Lawyer

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
70.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: 00326.C22841

Amount of Each Receipt this Period

70.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Robert Simon

Mailing Address 525 SE Marion Street
Apt 2

City State Zip Code
Portland OR 97202

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

Name of Employer Self Employed Occupation
Self Employed Lawyer

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
2470.00

Date of Receipt

MM / DD / YYYY
01 / 14 / 2010

Transaction ID: 00326.C22840

Amount of Each Receipt this Period

2400.00

Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ▶

2470.00

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

10020262576

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

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

FOR LINE NUMBER: PAGE 31 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Max Solis

Mailing Address 5 Starlight Lane

City State Zip Code
North Stonington CT 06359

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

Name of Employer Occupation
BST SYSTEMS INC. President & CEO

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

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22814

Amount of Each Receipt this Period

-1000.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Michael Suisman

Mailing Address 48 Orchard Rd

City State Zip Code
W Hartford CT 06117

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

Name of Employer Occupation
Danny Corp President

Receipt For: 2010
 Primary General
 Other (specify) ▼ August 2010 Primary Election Cycle-to-Date ▼
1700.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22815

Amount of Each Receipt this Period

-300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Tribe The Mohegan

Mailing Address Mr. Charles Bunnell
5 Crow Hill Road

City State Zip Code
Uncasville CT 06382

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

Name of Employer Occupation
N/A N/A

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

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22798

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional) ▶

0.00

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

10020262577

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

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

FOR LINE NUMBER: PAGE 32 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Ann Marie Tula

Mailing Address 315 Plymouth Lane

City State Zip Code
Laredo TX 78041

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Election Cycle-to-Date ▼
2500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22824

Amount of Each Receipt this Period

-2300.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Jeffrey Turner

Mailing Address 2820 N Franklin Road

City State Zip Code
Arlington VA 22201

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

Name of Employer Occupation
Patton Boggs LLP Attorney

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22823

Amount of Each Receipt this Period

-500.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Manual Vieira

Mailing Address P.O. Box 286

City State Zip Code
Livingston CA 95334

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

Name of Employer Occupation
Self Employed Rancher

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22817

Amount of Each Receipt this Period

-100.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020262578

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

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

FOR LINE NUMBER: PAGE 33 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Alan Washkowitz

Mailing Address 10 Gracie Square
Apt 6A

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Self Employed Investor

Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼
4300.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22818

Amount of Each Receipt this Period

-200.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-tire

B.

Full Name (Last, First, Middle Initial)

Colin Winkelman

Mailing Address 22 East Eleventh St.

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
Tyler Robbins Art Gallery Assistant

Receipt For: 2010
 Primary General
 Other (specify) ▼ August 2010 Primary Election
4600.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22819

Amount of Each Receipt this Period

-200.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-tire

C.

Full Name (Last, First, Middle Initial)

Dorinda Winkelman

Mailing Address 22 E Eleventh St

City State Zip Code
New York NY 10003

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

Name of Employer Occupation
N/A Homemaker

Receipt For: 2010
 Primary General
 Other (specify) ▼ August 2010 Primary Election
4600.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22820

Amount of Each Receipt this Period

-200.00

Memo

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-tire

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

10020262579

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

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

FOR LINE NUMBER: PAGE 34 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Mark Winkelman

Mailing Address 22 East Eleventh St.
26th Floor

City State Zip Code
New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Election Cycle-to-Date ▼
4600.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22821

Amount of Each Receipt this Period

-200.00

Memo

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-
tire

B.

Full Name (Last, First, Middle Initial)

Victoria Winkelman

Mailing Address 22 E 11th St.

City State Zip Code
New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Student

Receipt For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Election Cycle-to-Date ▼
4600.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2010

Transaction ID: 00323.C22822

Amount of Each Receipt this Period

-200.00

Memo

Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]

Reattribution DFP Debt Re-
tire

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

16820.00

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

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

FOR LINE NUMBER: PAGE 35 / 373

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address 165 LaSalle Road

City State Zip Code
W Hartford CT 06117-

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary General
 Other (specify)▼

Election Cycle-to-Date ▼

31.00

Date of Receipt

MM / DD / YYYY
03 / 05 / 2010

Transaction ID: 00326.C22845

Amount of Each Receipt this Period

31.00

Offsets to Operating Expenditure

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address 165 LaSalle Road

City State Zip Code
W Hartford CT 06117-

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2010

Primary General
 Other (specify)▼

Election Cycle-to-Date ▼

367.87

Date of Receipt

MM / DD / YYYY
03 / 25 / 2010

Transaction ID: 00326.C22844

Amount of Each Receipt this Period

336.87

Offsets to Operating Expenditure

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

367.87

TOTAL This Period (last page this line number only)

367.87

**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 36 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) abData Mailing Address 600 A. B. Data Drive City Milwaukee State WI Zip Code 53217- Purpose of Disbursement List Fulfillment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00110.E11706 Date of Disbursement MM / DD / YYYY 01 / 10 / 2010
	Amount of Each Disbursement this Period 116.09 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	LIST FULFILLMENT
	Category/Type
B. Full Name (Last, First, Middle Initial) abData Mailing Address 600 A. B. Data Drive City Milwaukee State WI Zip Code 53217- Purpose of Disbursement Mailing Consulting Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00110.E11707 Date of Disbursement MM / DD / YYYY 01 / 10 / 2010
	Amount of Each Disbursement this Period 4000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	MAILING CONSULTING FEE
	Category/Type
C. Full Name (Last, First, Middle Initial) abData Mailing Address 600 A. B. Data Drive City Milwaukee State WI Zip Code 53217- Purpose of Disbursement List Fulfillment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 00110.E11714 Date of Disbursement MM / DD / YYYY 01 / 10 / 2010
	Amount of Each Disbursement this Period 180.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	LIST FULFILLMENT
	Category/Type
SUBTOTAL of Disbursements This Page (optional) ▶ 4296.13	
TOTAL This Period (last page this line number only) ▶	

10020262582

**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 38 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) abData		Transaction ID: 00128.E11914 Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
Mailing Address 600 A. B. Data Drive		Amount of Each Disbursement this Period 2307.17
City Milwaukee	State WI Zip Code 53217-	
Purpose of Disbursement Mailing	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MAILING
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:		

B.

Full Name (Last, First, Middle Initial) abData		Transaction ID: 00128.E11915 Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
Mailing Address 600 A. B. Data Drive		Amount of Each Disbursement this Period 117.02
City Milwaukee	State WI Zip Code 53217-	
Purpose of Disbursement Mailing	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MAILING
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:		

C.

Full Name (Last, First, Middle Initial) abData		Transaction ID: 00128.E11916 Date of Disbursement MM / DD / YYYY 01 / 28 / 2010
Mailing Address 600 A. B. Data Drive		Amount of Each Disbursement this Period 8.00
City Milwaukee	State WI Zip Code 53217-	
Purpose of Disbursement Pallet Storage	Category/Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PALLET STORAGE
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)	2432.19
TOTAL This Period (last page this line number only)	

10020262584

**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 39 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
abData

Transaction ID: 00128.E11917
Date of Disbursement

Mailing Address 600 A. B. Data Drive

01 / 28 / 2010

City Milwaukee State WI Zip Code 53217-

Amount of Each Disbursement this Period

Purpose of Disbursement
Monthly Retainer

4000.00

Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

MONTHLY RETAINER

B.

Full Name (Last, First, Middle Initial)
Act Blue Technial Services

Transaction ID: 00406.E12887
Date of Disbursement

Mailing Address 14 Arrow Street
Suite 11

01 / 03 / 2010

City Cambridge State MA Zip Code 02138-

Amount of Each Disbursement this Period

Purpose of Disbursement
Processing Fee

4.95

Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

PROCESSING FEE

C.

Full Name (Last, First, Middle Initial)
Advantage Payroll

Transaction ID: 00316.E11950
Date of Disbursement

Mailing Address P.O. Box 1330

01 / 01 / 2010

City Auburn State ME Zip Code 04211-1330

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll Processing Fee

57.37

Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

PAYROLL PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional)

4062.32

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Advantage Payroll	Transaction ID: 00316.E11949 Date of Disbursement
	Mailing Address P.O. Box 1330	<input type="text" value="01"/> <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Auburn State ME Zip Code 04211-1330	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="57.37"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼	PAYROLL PROCESSING FEE
	State: District:	

B.	Full Name (Last, First, Middle Initial) Advantage Payroll	Transaction ID: 00316.E11951 Date of Disbursement
	Mailing Address P.O. Box 1330	<input type="text" value="01"/> <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Auburn State ME Zip Code 04211-1330	Amount of Each Disbursement this Period
	Purpose of Disbursement Year end forms & reports	<input type="text" value="127.66"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼	YEAR END FORMS & REPORTS
	State: District:	

C.	Full Name (Last, First, Middle Initial) Advantage Payroll	Transaction ID: 00316.E11952 Date of Disbursement
	Mailing Address P.O. Box 1330	<input type="text" value="02"/> <input type="text" value="01"/> / <input type="text" value="2010"/>
	City Auburn State ME Zip Code 04211-1330	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Processing Fee	<input type="text" value="57.37"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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) ▼	PAYROLL PROCESSING FEE
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="242.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

10020262586

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Advantage Payroll</p> <p>Mailing Address P.O. Box 1330</p> <p>City Auburn State ME Zip Code 04211-1330</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00324.E12864 Date of Disbursement MM / DD / YYYY 02 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 49.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PROCESSING FEE</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Advantage Payroll</p> <p>Mailing Address P.O. Box 1330</p> <p>City Auburn State ME Zip Code 04211-1330</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00324.E12863 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 49.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PROCESSING FEE</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Advantage Payroll</p> <p>Mailing Address P.O. Box 1330</p> <p>City Auburn State ME Zip Code 04211-1330</p> <p>Purpose of Disbursement Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00324.E12862 Date of Disbursement MM / DD / YYYY 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 46.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PROCESSING FEE</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>		<p>144.96</p>

10020262587

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

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-

Purpose of Disbursement See Below

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00110.E11731
Date of Disbursement
01 / 10 / 2010

Amount of Each Disbursement this Period
16687.28

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Advomatic

Mailing Address 245 5th Avenue Suite 460

City New York State NY Zip Code 10016-

Purpose of Disbursement Web Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12920
Date of Disbursement
11 / 20 / 2009

Amount of Each Disbursement this Period
174.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: WEB SERVICES

C.

Full Name (Last, First, Middle Initial)
Alis Pizza

Mailing Address 1382 E Capital Street NE

City Washington State DC Zip Code 20003-

Purpose of Disbursement Food & Beverage

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12933
Date of Disbursement
12 / 02 / 2009

Amount of Each Disbursement this Period
89.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 16687.28

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

10020262588

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
American Airlines

Transaction ID: 00406.E12936
Date of Disbursement

Mailing Address P.O. Box 619241

City State Zip Code
Dallas TX 75261-

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: AIRFARE

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
American Airlines

Transaction ID: 00406.E12935
Date of Disbursement

Mailing Address P.O. Box 619241

City State Zip Code
Dallas TX 75261-

Amount of Each Disbursement this Period

Purpose of Disbursement
Airfare

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: AIRFARE

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Amtrak

Transaction ID: 00406.E12902
Date of Disbursement

Mailing Address Union Station
50 Massachusetts Avenue

City State Zip Code
Washington DC 20002-

Amount of Each Disbursement this Period

Purpose of Disbursement
Transportation

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: TRANSPORTATION

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10020262589

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Amtrak		Transaction ID: 00406.E12901 Date of Disbursement MM / DD / YYYY 12 / 11 / 2009	
Mailing Address Union Station 50 Massachusetts Avenue		Amount of Each Disbursement this Period 71.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement Transportation Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		[MEMO ITEM] MEMO: TRANSPORTATION	

B. Full Name (Last, First, Middle Initial) Arch Street Tavern		Transaction ID: 00406.E12904 Date of Disbursement MM / DD / YYYY 12 / 18 / 2009	
Mailing Address 85 Arch Street		Amount of Each Disbursement this Period 238.00	
City Hartford State CT Zip Code 06103-	Purpose of Disbursement Food & Beverage Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		[MEMO ITEM] MEMO: FOOD & BEVERAGE	

C. Full Name (Last, First, Middle Initial) Charlie Palmer Steak House		Transaction ID: 00406.E12895 Date of Disbursement MM / DD / YYYY 12 / 17 / 2009	
Mailing Address 101 Constitution Avenue		Amount of Each Disbursement this Period 1017.85	
City Washington State DC Zip Code 20005-	Purpose of Disbursement Food & Beverage Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		[MEMO ITEM] MEMO: FOOD & BEVERAGE	

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

10020262590

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

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

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(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	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Charlie Palmer Steak House

Transaction ID: 00406.E12893
Date of Disbursement

Mailing Address 101 Constitution Avenue

MM / DD / YYYY
11 / 19 / 2009

City State Zip Code
Washington DC 20005-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Food & Beverage

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Charlie Palmer Steak House

Transaction ID: 00406.E12891
Date of Disbursement

Mailing Address 101 Constitution Avenue

MM / DD / YYYY
12 / 18 / 2009

City State Zip Code
Washington DC 20005-

Amount of Each Disbursement this Period

263.30

Purpose of Disbursement
Food & Beverage

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Charlie Palmer Steak House

Transaction ID: 00406.E12899
Date of Disbursement

Mailing Address 101 Constitution Avenue

MM / DD / YYYY
12 / 09 / 2009

City State Zip Code
Washington DC 20005-

Amount of Each Disbursement this Period

2564.00

Purpose of Disbursement
Food & Beverage

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

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 Page

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
Charlie Palmer Steak House

Mailing Address 101 Constitution Avenue

City Washington State DC Zip Code 20005-

Purpose of Disbursement Food & Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12894
Date of Disbursement 12 / 03 / 2009

Amount of Each Disbursement this Period 782.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

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

Mailing Address 3313 Connecticut Avenue NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement Food & Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12934
Date of Disbursement 12 / 02 / 2009

Amount of Each Disbursement this Period 474.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

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

Mailing Address One Financial Plaza

City Hartford State CT Zip Code 06105-

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12925
Date of Disbursement 11 / 25 / 2009

Amount of Each Disbursement this Period 194.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262592

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Delta Airlines		Transaction ID: 00406.E12927 Date of Disbursement MM / DD / YYYY 11 / 29 / 2009
Mailing Address One Financial Plaza		Amount of Each Disbursement this Period 184.60
City Hartford State CT Zip Code 06105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE	
Purpose of Disbursement Airfare Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Delta Airlines		Transaction ID: 00406.E12928 Date of Disbursement MM / DD / YYYY 11 / 29 / 2009
Mailing Address One Financial Plaza		Amount of Each Disbursement this Period 194.60
City Hartford State CT Zip Code 06105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE	
Purpose of Disbursement Airfare Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Delta Airlines		Transaction ID: 00406.E12926 Date of Disbursement MM / DD / YYYY 11 / 25 / 2009
Mailing Address One Financial Plaza		Amount of Each Disbursement this Period 194.60
City Hartford State CT Zip Code 06105-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRFARE	
Purpose of Disbursement Airfare Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

10020262593

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
Extra Space Storage

Mailing Address 132 Silas Deane Highway

City Wethersfield State CT Zip Code 06109-

Purpose of Disbursement Storage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12929
Date of Disbursement 11 / 25 / 2009

Amount of Each Disbursement this Period 111.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: STORAGE

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

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement Courier Services for the month

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12900
Date of Disbursement 12 / 17 / 2009

Amount of Each Disbursement this Period 321.29

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: COURIER SERVICES FOR THE MONTH

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

Mailing Address

City State Zip Code

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12939
Date of Disbursement 12 / 04 / 2009

Amount of Each Disbursement this Period 220.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262594

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Hotels.com

Mailing Address

City State Zip Code

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12938
Date of Disbursement
12 / 04 / 2009

Amount of Each Disbursement this Period
242.88

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

B.

Full Name (Last, First, Middle Initial)
Hyatt Regency-Greenwich

Mailing Address 1800 East Putnam Avenue

City State Zip Code
Old Greenwich CT 06870-

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12921
Date of Disbursement
11 / 23 / 2009

Amount of Each Disbursement this Period
155.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

C.

Full Name (Last, First, Middle Initial)
Hyatt Regency-Greenwich

Mailing Address 1800 East Putnam Avenue

City State Zip Code
Old Greenwich CT 06870-

Purpose of Disbursement
Lodging

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12922
Date of Disbursement
11 / 23 / 2009

Amount of Each Disbursement this Period
155.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262595

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

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) IAN Travel Services</p> <p>Mailing Address</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement Lodging Charges <input type="checkbox"/> Category/Type</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00406.E12941 Date of Disbursement MM / DD / YYYY 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 623.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING CHARGES</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Orbitz.com</p> <p>Mailing Address</p> <p>City _____ State _____ Zip Code _____</p> <p>Purpose of Disbursement Fee <input type="checkbox"/> Category/Type</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00406.E12937 Date of Disbursement MM / DD / YYYY 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 6.99</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FEE</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Southwest Airlines</p> <p>Mailing Address P.O. Box 36657</p> <p>City Dallas State TX Zip Code 75235-</p> <p>Purpose of Disbursement Airfare <input type="checkbox"/> Category/Type</p> <p>Candidate Name _____</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00406.E12896 Date of Disbursement MM / DD / YYYY 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 291.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	
<p>0.00</p>	

10020262596

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

Use separate schedule(s)
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Detailed Summary Page

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36657

City Dallas State TX Zip Code 75235-

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12897
Date of Disbursement 12 / 10 / 2009

Amount of Each Disbursement this Period 160.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

B.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36657

City Dallas State TX Zip Code 75235-

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12892
Date of Disbursement 11 / 19 / 2009

Amount of Each Disbursement this Period 335.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

C.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36657

City Dallas State TX Zip Code 75235-

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12898
Date of Disbursement 12 / 10 / 2009

Amount of Each Disbursement this Period 167.60

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262597

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 00406.E12910 Date of Disbursement 12 / 09 / 2009
	Mailing Address 3307 M Street NW	Amount of Each Disbursement this Period 286.19
	City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Toner & paper	[MEMO ITEM] MEMO: TONER & PAPER
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 00406.E12911 Date of Disbursement 12 / 10 / 2009
	Mailing Address 3307 M Street NW	Amount of Each Disbursement this Period 105.98
	City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage Boxes & small misc supplies	[MEMO ITEM] MEMO: STORAGE BOXES & SMALL MISC SUPPLIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples-CT	Transaction ID: 00406.E12905 Date of Disbursement 12 / 17 / 2009
	Mailing Address Albany Avenue	Amount of Each Disbursement this Period 19.86
	City W Hartford State CT Zip Code 06117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Copies	[MEMO ITEM] MEMO: COPIES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10020262598

**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 / 373
	<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 Chris Dodd

A.	Full Name (Last, First, Middle Initial) Staples-CT	Transaction ID: 00406.E12906 Date of Disbursement 12 / 07 / 2009
	Mailing Address Albany Avenue	Amount of Each Disbursement this Period 127.45
	City W Hartford State CT Zip Code 06117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Paper	[MEMO ITEM] MEMO: PAPER
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples-CT	Transaction ID: 00406.E12907 Date of Disbursement 12 / 07 / 2009
	Mailing Address Albany Avenue	Amount of Each Disbursement this Period 52.97
	City W Hartford State CT Zip Code 06117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage Boxes	[MEMO ITEM] MEMO: STORAGE BOXES
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples-CT	Transaction ID: 00406.E12908 Date of Disbursement 12 / 09 / 2009
	Mailing Address Albany Avenue	Amount of Each Disbursement this Period 106.71
	City W Hartford State CT Zip Code 06117-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Folders pens paper	[MEMO ITEM] MEMO: FOLDERS PENS PAPER
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10020262599

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Sunnys Limo Service

Mailing Address 5252 Cherokee Avenue

City Alexandria State VA Zip Code 22312-

Purpose of Disbursement Transportation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12932
Date of Disbursement 12 / 07 / 2009

Amount of Each Disbursement this Period 151.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRANSPORTATION

B.

Full Name (Last, First, Middle Initial)
Sunnys Limo Service

Mailing Address 5252 Cherokee Avenue

City Alexandria State VA Zip Code 22312-

Purpose of Disbursement Transportation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12931
Date of Disbursement 12 / 07 / 2009

Amount of Each Disbursement this Period 136.35

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRANSPORTATION

C.

Full Name (Last, First, Middle Initial)
Sunnys Limo Service

Mailing Address 5252 Cherokee Avenue

City Alexandria State VA Zip Code 22312-

Purpose of Disbursement Transportation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12930
Date of Disbursement 12 / 02 / 2009

Amount of Each Disbursement this Period 505.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TRANSPORTATION

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262600

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) The Charles Hotel</p> <p>Mailing Address One Bennett Street</p> <p>City Cambridge State MA Zip Code 02138-</p> <p>Purpose of Disbursement Lodging</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 00406.E12890 Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 213.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: LODGING</p>
<p>B. Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address 1601 K Street NW</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 00406.E12917 Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: FEE</p>
<p>C. Full Name (Last, First, Middle Initial) U.S. Airways</p> <p>Mailing Address 1601 K Street NW</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Airfare</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 00406.E12919 Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 666.60</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: AIRFARE</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		0.00
<p>TOTAL This Period (last page this line number only)</p>		

10020262601

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address 1601 K Street NW

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00406.E12915
Date of Disbursement

MM / DD / YYYY
11 / 19 / 2009

Amount of Each Disbursement this Period

666.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

B.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address 1601 K Street NW

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00406.E12918
Date of Disbursement

MM / DD / YYYY
11 / 29 / 2009

Amount of Each Disbursement this Period

214.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

C.

Full Name (Last, First, Middle Initial)
U.S. Airways

Mailing Address 1601 K Street NW

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00406.E12916
Date of Disbursement

MM / DD / YYYY
11 / 19 / 2009

Amount of Each Disbursement this Period

184.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

10020262602

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
U.S. Senate Gift Shop

Mailing Address Russell Building

City Washington State DC Zip Code 20002-

Purpose of Disbursement Gifts for Selection committee for A

Candidate Name Category/Type

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

State: District:

Transaction ID: 00406.E12924
Date of Disbursement 11 / 24 / 2009

Amount of Each Disbursement this Period 468.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: GIFTS FOR SELECTION COMMITTEE FOR A

B. Full Name (Last, First, Middle Initial)
Walter Karl List Service

Mailing Address 2 Blue Hill Plaza 3rd Floor

City Pearl River State NY Zip Code 10965-

Purpose of Disbursement List Service

Candidate Name Category/Type

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

State: District:

Transaction ID: 00406.E12940
Date of Disbursement 12 / 04 / 2009

Amount of Each Disbursement this Period 1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LIST SERVICE

C. Full Name (Last, First, Middle Initial)
www.newegg.com

Mailing Address 9997 East Rose Hills Road

City Whittier State CA Zip Code 90601-

Purpose of Disbursement Computer

Candidate Name Category/Type

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

State: District:

Transaction ID: 00406.E12923
Date of Disbursement 11 / 24 / 2009

Amount of Each Disbursement this Period 571.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: COMPUTER

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262603

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 1270</p> <p>City Newark State NJ Zip Code 07101-</p> <p>Purpose of Disbursement See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00203.E11923</p> <p>Date of Disbursement</p> <p>02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period</p> <p>8678.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>	
<p>B. Full Name (Last, First, Middle Initial) Advomatic</p> <p>Mailing Address 245 5th Avenue Suite 460</p> <p>City New York State NY Zip Code 10016-</p> <p>Purpose of Disbursement Web Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00406.E12963</p> <p>Date of Disbursement</p> <p>12 / 20 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>174.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: WEB SERVICES</p>	
<p>C. Full Name (Last, First, Middle Initial) Extra Space Storage</p> <p>Mailing Address 132 Silas Deane Highway</p> <p>City Wethersfield State CT Zip Code 06109-</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00406.E12964</p> <p>Date of Disbursement</p> <p>12 / 25 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p>111.30</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM] MEMO: STORAGE</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>8678.08</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262604

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
ExxonMobil

Mailing Address P.O. Box 4575

City Carol Stream State IL Zip Code 60197-4575

Purpose of Disbursement Gasoline

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12942
Date of Disbursement 12 / 31 / 2009

Amount of Each Disbursement this Period 33.66

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: GASOLINE

B.

Full Name (Last, First, Middle Initial)
FedEx

Mailing Address P.O. Box 1140

City Memphis State TN Zip Code 38101-

Purpose of Disbursement Month Courier Charges

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12950
Date of Disbursement 01 / 05 / 2010

Amount of Each Disbursement this Period 75.76

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: MONTH COURIER CHARGES

C.

Full Name (Last, First, Middle Initial)
Great Taste

Mailing Address 597 West Main Street

City New Britain State CT Zip Code 06053-

Purpose of Disbursement Food & Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12960
Date of Disbursement 01 / 04 / 2010

Amount of Each Disbursement this Period 217.58

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262605

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Outdoor Cookers

Mailing Address 42 Van Zant Street

City Norwalk State CT Zip Code 06855-

Purpose of Disbursement Food & Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12962
Date of Disbursement
12 / 22 / 2009

Amount of Each Disbursement this Period
4425.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

B.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36657

City Dallas State TX Zip Code 75235-

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12949
Date of Disbursement
01 / 09 / 2010

Amount of Each Disbursement this Period
147.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

C.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36657

City Dallas State TX Zip Code 75235-

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12945
Date of Disbursement
01 / 10 / 2010

Amount of Each Disbursement this Period
335.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262606

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36657

City Dallas State TX Zip Code 75235-

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12943
Date of Disbursement 01 / 05 / 2010

Amount of Each Disbursement this Period 147.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

B.

Full Name (Last, First, Middle Initial)
Southwest Airlines

Mailing Address P.O. Box 36657

City Dallas State TX Zip Code 75235-

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12944
Date of Disbursement 01 / 08 / 2010

Amount of Each Disbursement this Period 147.70

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: AIRFARE

C.

Full Name (Last, First, Middle Initial)
Staples-CT

Mailing Address Albany Avenue

City W Hartford State CT Zip Code 06117-

Purpose of Disbursement Toners

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00406.E12966
Date of Disbursement 12 / 22 / 2009

Amount of Each Disbursement this Period 192.90

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TONERS

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262607

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
The Cooking Company

Mailing Address 1610 Saybrook Road

City Haddam State CT Zip Code 06438-

Purpose of Disbursement Food & Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12953
Date of Disbursement 01 / 06 / 2010

Amount of Each Disbursement this Period 366.23

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: FOOD & BEVERAGE

B. Full Name (Last, First, Middle Initial)
University Club of Chicago

Mailing Address P.O. Box 91769

City Chicago State IL Zip Code 60693-

Purpose of Disbursement Lodging & food & beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12965
Date of Disbursement 12 / 28 / 2009

Amount of Each Disbursement this Period 1524.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: LODGING & FOOD & BEVERAGE

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

Mailing Address P.O. Box 15062

City Albany State NY Zip Code 12212-

Purpose of Disbursement Repair

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12951
Date of Disbursement 01 / 05 / 2010

Amount of Each Disbursement this Period 53.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: REPAIR

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262608

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-

Purpose of Disbursement See Below

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12473
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
1613.55

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SEE BELOW

B.

Full Name (Last, First, Middle Initial)
Advomatic

Mailing Address 245 5th Avenue Suite 460

City New York State NY Zip Code 10016-

Purpose of Disbursement Web Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12973
Date of Disbursement
MM / DD / YYYY
01 / 20 / 2010

Amount of Each Disbursement this Period
174.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: WEB SERVICES

C.

Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 1270

City Newark State NJ Zip Code 07101-

Purpose of Disbursement Renewal Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00406.E12972
Date of Disbursement
MM / DD / YYYY
02 / 18 / 2010

Amount of Each Disbursement this Period
145.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: RENEWAL FEE

SUBTOTAL of Disbursements This Page (optional) ▶ 1613.55

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

10020262509

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) DLA Piper PAC	Transaction ID: 00406.E12980 Date of Disbursement 01 / 22 / 2010
	Mailing Address 500 8th Street NW	Amount of Each Disbursement this Period 598.13
	City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Food & Beverage	[MEMO ITEM] MEMO: FOOD & BEVERAGE
	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:	

B.	Full Name (Last, First, Middle Initial) Extra Space Storage	Transaction ID: 00406.E12979 Date of Disbursement 01 / 25 / 2010
	Mailing Address 132 Silas Deane Highway	Amount of Each Disbursement this Period 111.30
	City Wethersfield State CT Zip Code 06109-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Storage	[MEMO ITEM] MEMO: STORAGE
	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:	

C.	Full Name (Last, First, Middle Initial) FedEx	Transaction ID: 00406.E12974 Date of Disbursement 02 / 11 / 2010
	Mailing Address P.O. Box 1140	Amount of Each Disbursement this Period 92.66
	City Memphis State TN Zip Code 38101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Month Courier Fee	[MEMO ITEM] MEMO: MONTH COURIER FEE
	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)	

10020262610

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Go Daddy.com

Mailing Address 14455 N Hayden Road
Suite 219

City Scottsdale State AZ Zip Code 85260-

Purpose of Disbursement
Domain Name

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00406.E12975
Date of Disbursement
MM / DD / YYYY
02 / 06 / 2010

Amount of Each Disbursement this Period
59.66

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: DOMAIN NAME

B.

Full Name (Last, First, Middle Initial)
Staples-CT

Mailing Address Albany Avenue

City W Hartford State CT Zip Code 06117-

Purpose of Disbursement
Toner envelopes & pens

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00406.E12978
Date of Disbursement
MM / DD / YYYY
02 / 05 / 2010

Amount of Each Disbursement this Period
185.49

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TONER ENVELOPES &
PENS

C.

Full Name (Last, First, Middle Initial)
Staples-CT

Mailing Address Albany Avenue

City W Hartford State CT Zip Code 06117-

Purpose of Disbursement
Envelopes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00406.E12976
Date of Disbursement
MM / DD / YYYY
01 / 21 / 2010

Amount of Each Disbursement this Period
160.01

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

[MEMO ITEM]
MEMO: ENVELOPES

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

10020262611

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
Staples-CT

Mailing Address Albany Avenue

City W Hartford State CT Zip Code 06117-

Purpose of Disbursement
Toner

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00406.E12977
Date of Disbursement 02 / 02 / 2010

Amount of Each Disbursement this Period
174.58

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]
MEMO: TONER

B. Full Name (Last, First, Middle Initial)
American Express Merchant Account

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-

Purpose of Disbursement
CC Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00407.E12983
Date of Disbursement 01 / 01 / 2010

Amount of Each Disbursement this Period
373.31

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CC PROCESSING FEE

C. Full Name (Last, First, Middle Initial)
American Red Cross

Mailing Address 209 Farmington Avenue

City Farmington State CT Zip Code 06032-

Purpose of Disbursement
Contribution Haiti Earthquake Fund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00126.E11742
Date of Disbursement 01 / 22 / 2010

Amount of Each Disbursement this Period
250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CONTRIBUTION HAITI EARTHQUAKE FUND

SUBTOTAL of Disbursements This Page (optional) ▶ 623.31

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

10020262612

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Anthem Blue Cross Blue Shield

Mailing Address 370 Bassett Road

City North Haven State CT Zip Code 06473-4201

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00110.E11709
Date of Disbursement 01 / 10 / 2010

Amount of Each Disbursement this Period 2669.41

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

HEALTH INSURANCE

B.

Full Name (Last, First, Middle Initial)
Anthem Blue Cross Blue Shield

Mailing Address 370 Bassett Road

City North Haven State CT Zip Code 06473-4201

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11924
Date of Disbursement 02 / 03 / 2010

Amount of Each Disbursement this Period 1001.36

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

HEALTH INSURANCE

C.

Full Name (Last, First, Middle Initial)
Anthem Blue Cross Blue Shield

Mailing Address 370 Bassett Road

City North Haven State CT Zip Code 06473-4201

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00323.E12850
Date of Disbursement 03 / 18 / 2010

Amount of Each Disbursement this Period 2078.54

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

HEALTH INSURANCE

SUBTOTAL of Disbursements This Page (optional) ▶ 5749.31

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

10020262613

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

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

Mailing Address P.O. Box 8110

City Aurora State IL Zip Code 60572-

Purpose of Disbursement Telephone Category/Type

Candidate Name

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

Transaction ID: 00203.E11922
Date of Disbursement
MM / DD / YYYY
02 / 02 / 2010

Amount of Each Disbursement this Period
175.08

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

B.

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

Mailing Address P.O. Box 8110

City Aurora State IL Zip Code 60572-

Purpose of Disbursement Telephone Category/Type

Candidate Name

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

Transaction ID: 00316.E12469
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
183.16

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

C.

Full Name (Last, First, Middle Initial)
Between the Bread

Mailing Address 145 West 55th Street

City New York State NY Zip Code 10019-

Purpose of Disbursement Food & Beverage Telephone Category/Type

Candidate Name

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

Transaction ID: 00110.E11730
Date of Disbursement
MM / DD / YYYY
01 / 10 / 2010

Amount of Each Disbursement this Period
483.44

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FOOD & BEVERAGE

SUBTOTAL of Disbursements This Page (optional) ▶ 841.68

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

10020262614

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Elanna Cahn	Transaction ID: 00316.E11931 Date of Disbursement MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 1916 17th Street NW # 209	Amount of Each Disbursement this Period 1519.18
	City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	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:	

B.	Full Name (Last, First, Middle Initial) Elanna Cahn	Transaction ID: 00316.E11932 Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	Mailing Address 1916 17th Street NW # 209	Amount of Each Disbursement this Period 1519.18
	City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	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:	

C.	Full Name (Last, First, Middle Initial) Elanna Cahn	Transaction ID: 00316.E11936 Date of Disbursement MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 1916 17th Street NW # 209	Amount of Each Disbursement this Period 1519.18
	City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	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)	4557.54
TOTAL This Period (last page this line number only)	

10020262615

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

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

FOR LINE NUMBER:
(check only one)

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<input 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)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Camera Arts

Mailing Address P.O. Box 2336

City Westport State CT Zip Code 06880-

Purpose of Disbursement
Photos

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00110.E11713
Date of Disbursement
01 / 10 / 2010

Amount of Each Disbursement this Period
784.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PHOTOS

B.

Full Name (Last, First, Middle Initial)
Carpenter & Company

Mailing Address Charles Square
20 University Road

City Cambridge State MA Zip Code 02138-

Purpose of Disbursement
Transportation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00110.E11724
Date of Disbursement
01 / 10 / 2010

Amount of Each Disbursement this Period
5330.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TRANSPORTATION

C.

Full Name (Last, First, Middle Initial)
Connecticut DSCC

Mailing Address CT Democratic State Central Commit
330 Main Street

City Hartford State CT Zip Code 06106-

Purpose of Disbursement
Rent/Parking/Phone & Internet

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00110.E11697
Date of Disbursement
01 / 08 / 2010

Amount of Each Disbursement this Period
2725.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RENT/PARKING/PHONE & INTERNET

SUBTOTAL of Disbursements This Page (optional) ▶ 8839.00

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

10020262616

**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 / 373
	<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 Chris Dodd

A.	Full Name (Last, First, Middle Initial) CT Dept Taxation	Transaction ID: 00316.E11958 Date of Disbursement MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 25 Sigourney Street	Amount of Each Disbursement this Period 1361.87
	City Hartford State CT Zip Code 06106- Purpose of Disbursement Taxes Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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:	TAXES

B.	Full Name (Last, First, Middle Initial) CT Dept Taxation	Transaction ID: 00316.E11957 Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	Mailing Address 25 Sigourney Street	Amount of Each Disbursement this Period 1271.87
	City Hartford State CT Zip Code 06106- Purpose of Disbursement Taxes Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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:	TAXES

C.	Full Name (Last, First, Middle Initial) CT Dept Taxation	Transaction ID: 00316.E11956 Date of Disbursement MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 25 Sigourney Street	Amount of Each Disbursement this Period 945.62
	City Hartford State CT Zip Code 06106- Purpose of Disbursement Taxes Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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:	TAXES

SUBTOTAL of Disbursements This Page (optional)	3579.36
TOTAL This Period (last page this line number only)	

10020262618

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
CT Dept Taxation

Mailing Address 25 Sigourney Street

City Hartford State CT Zip Code 06106-

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00324.E12859
Date of Disbursement 02 / 15 / 2010

Amount of Each Disbursement this Period 750.62

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

B.

Full Name (Last, First, Middle Initial)
CT Dept Taxation

Mailing Address 25 Sigourney Street

City Hartford State CT Zip Code 06106-

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00324.E12860
Date of Disbursement 03 / 01 / 2010

Amount of Each Disbursement this Period 750.62

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

C.

Full Name (Last, First, Middle Initial)
CT Dept Taxation

Mailing Address 25 Sigourney Street

City Hartford State CT Zip Code 06106-

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00324.E12861
Date of Disbursement 03 / 15 / 2010

Amount of Each Disbursement this Period 308.95

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

SUBTOTAL of Disbursements This Page (optional) ▶ 1810.19

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

10020262619

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address P.O. Box 270701</p> <p>City W Hartford State CT Zip Code 06127-</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00316.E11933 Date of Disbursement 01 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4060.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address P.O. Box 270701</p> <p>City W Hartford State CT Zip Code 06127-</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00316.E11934 Date of Disbursement 01 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 4060.52</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kathryn Damato</p> <p>Mailing Address P.O. Box 270701</p> <p>City W Hartford State CT Zip Code 06127-</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00316.E11935 Date of Disbursement 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 4060.54</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>12181.58</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262620

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Kathryn Damato	Transaction ID: 00324.E12853 Date of Disbursement MM / DD / YYYY 02 / 15 / 2010
	Mailing Address P.O. Box 270701	Amount of Each Disbursement this Period 4060.54
	City W Hartford State CT Zip Code 06127-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Kathryn Damato	Transaction ID: 00324.E12854 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address P.O. Box 270701	Amount of Each Disbursement this Period 4060.54
	City W Hartford State CT Zip Code 06127-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Kathryn Damato	Transaction ID: 00324.E12855 Date of Disbursement MM / DD / YYYY 03 / 15 / 2010
	Mailing Address P.O. Box 270701	Amount of Each Disbursement this Period 4060.52
	City W Hartford State CT Zip Code 06127-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
SUBTOTAL of Disbursements This Page (optional)		12181.60
TOTAL This Period (last page this line number only)		

10020262621

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
DC Dept Taxation

Mailing Address P.O. Box 470

City Washington State DC Zip Code 20044-

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11960
Date of Disbursement
01 / 01 / 2010

Amount of Each Disbursement this Period
1577.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

B.

Full Name (Last, First, Middle Initial)
DC Dept Taxation

Mailing Address P.O. Box 470

City Washington State DC Zip Code 20044-

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11961
Date of Disbursement
01 / 15 / 2010

Amount of Each Disbursement this Period
1283.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

C.

Full Name (Last, First, Middle Initial)
DC Dept Taxation

Mailing Address P.O. Box 470

City Washington State DC Zip Code 20044-

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11962
Date of Disbursement
02 / 01 / 2010

Amount of Each Disbursement this Period
1115.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

SUBTOTAL of Disbursements This Page (optional) ▶ 3975.00

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

10020262622

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) Democratic Conference Luncheon Fund		Transaction ID: 00316.E12466 Date of Disbursement MM / DD / YYYY 03 / 08 / 2010	
Mailing Address Office of the Secretary Room S-309 ATT: Nancy Iacomini		Amount of Each Disbursement this Period 250.00	
City Washington State DC Zip Code 20510-	Purpose of Disbursement Luncheon Fund	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	LUNCHEON FUND	
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee		Transaction ID: 00126.E11756 Date of Disbursement MM / DD / YYYY 01 / 22 / 2010	
Mailing Address 120 Maryland Avenue NE		Amount of Each Disbursement this Period 1785.29	
City Washington State DC Zip Code 20002-	Purpose of Disbursement Rent & Phones	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	RENT & PHONES	
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee		Transaction ID: 00126.E11754 Date of Disbursement MM / DD / YYYY 01 / 22 / 2010	
Mailing Address 120 Maryland Avenue NE		Amount of Each Disbursement this Period 2350.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	FOOD & BEVERAGE	
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional)	4385.29
TOTAL This Period (last page this line number only)	

10020262623

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Rent & Phones

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00126.E11755
Date of Disbursement
01 / 22 / 2010

Amount of Each Disbursement this Period
1785.29

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RENT & PHONES

B.

Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00128.E11909
Date of Disbursement
01 / 28 / 2010

Amount of Each Disbursement this Period
892.65

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RENT

C.

Full Name (Last, First, Middle Initial)
Eleventh Hour Creative

Mailing Address 684 Broadview Terrace

City Hartford State CT Zip Code 06106-

Purpose of Disbursement
Card Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00110.E11723
Date of Disbursement
01 / 10 / 2010

Amount of Each Disbursement this Period
8761.93

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CARD PRINTING

SUBTOTAL of Disbursements This Page (optional) ▶ 11439.87

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

10020262624

**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 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
ExxonMobil

Mailing Address P.O. Box 4575

City Carol Stream State IL Zip Code 60197-4575

Purpose of Disbursement Gasoline

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11925
Date of Disbursement 02 / 03 / 2010

Amount of Each Disbursement this Period 581.39

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

GASOLINE

B.

Full Name (Last, First, Middle Initial)
ExxonMobil

Mailing Address P.O. Box 4575

City Carol Stream State IL Zip Code 60197-4575

Purpose of Disbursement Gasoline

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12478
Date of Disbursement 03 / 10 / 2010

Amount of Each Disbursement this Period 116.08

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

GASOLINE

C.

Full Name (Last, First, Middle Initial)
ExxonMobil

Mailing Address P.O. Box 4575

City Carol Stream State IL Zip Code 60197-4575

Purpose of Disbursement Gasoline

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00324.E12872
Date of Disbursement 03 / 23 / 2010

Amount of Each Disbursement this Period 430.92

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

GASOLINE

SUBTOTAL of Disbursements This Page (optional) ▶ 1128.39

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

10020262626

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Ford Credit		Transaction ID: 00316.E12470 Date of Disbursement 03 / 10 / 2010
Mailing Address P. O. Box 220564		Amount of Each Disbursement this Period 2040.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Pittsburgh	State PA	
Zip Code 15257-		CAR LEASE
Purpose of Disbursement Car Lease	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:		

B. Full Name (Last, First, Middle Initial) Ron Goldstein		Transaction ID: 00126.E11751 Date of Disbursement 01 / 22 / 2010
Mailing Address 6 Barberry Lane		Amount of Each Disbursement this Period 1650.15 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Rye	State NY	
Zip Code 10580-		ADVANCE CONSULTING & REIMB
Purpose of Disbursement Advance Consulting & Reimb	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:		

C. Full Name (Last, First, Middle Initial) Giovannis Pizzeria		Transaction ID: 00126.E11752 Date of Disbursement 01 / 22 / 2010
Mailing Address 1774 Dixwell Avenue		Amount of Each Disbursement this Period 265.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hamden	State CT	
Zip Code 06514-		FOOD & BEVERAGE
Purpose of Disbursement Food & Beverage	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)	3955.95
TOTAL This Period (last page this line number only)	

10020262627

**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 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Greenberg Quinlan Research

Mailing Address 10 G Street NE
Suite 400

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Focus Groups

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00126.E11758
Date of Disbursement
01 / 22 / 2010

Amount of Each Disbursement this Period
48000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

FOCUS GROUPS

B.

Full Name (Last, First, Middle Initial)
Greenberg Quinlan Research

Mailing Address 10 G Street NE
Suite 400

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Survey

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00126.E11757
Date of Disbursement
01 / 22 / 2010

Amount of Each Disbursement this Period
39300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SURVEY

C.

Full Name (Last, First, Middle Initial)
Haitian Health Foundation

Mailing Address 97 Sherman Street

City Norwich State CT Zip Code 06360-

Purpose of Disbursement
Contribution Haiti Earthquake Fund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00126.E11743
Date of Disbursement
01 / 22 / 2010

Amount of Each Disbursement this Period
250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

CONTRIBUTION HAITI EARTHQ-
UAKE FUND

SUBTOTAL of Disbursements This Page (optional) ▶ 87550.00

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

10020262628

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Ariel Hayes

Transaction ID: 00316.E11937
Date of Disbursement

Mailing Address 1712 16th Street NW
404

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

City Washington State DC Zip Code 20009-

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

2625.61

Candidate Name

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SALARY

B.

Full Name (Last, First, Middle Initial)
Ariel Hayes

Transaction ID: 00110.E11719
Date of Disbursement

Mailing Address 1712 16th Street NW
404

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

City Washington State DC Zip Code 20009-

Amount of Each Disbursement this Period

Purpose of Disbursement
Reimb for travel expenses

2295.28

Candidate Name

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

REIMB FOR TRAVEL EXPENSES

C.

Full Name (Last, First, Middle Initial)
Ariel Hayes

Transaction ID: 00316.E11938
Date of Disbursement

Mailing Address 1712 16th Street NW
404

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

City Washington State DC Zip Code 20009-

Amount of Each Disbursement this Period

Purpose of Disbursement
Salary

2625.61

Candidate Name

Category/ Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

SALARY

SUBTOTAL of Disbursements This Page (optional)

7546.50

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 373
	<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 Chris Dodd

A.	Full Name (Last, First, Middle Initial) Ariel Hayes	Transaction ID: 00316.E11939 Date of Disbursement MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 1712 16th Street NW # 404	Amount of Each Disbursement this Period 2625.61
	City Washington State DC Zip Code 20009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jeremy Howser	Transaction ID: 00316.E11940 Date of Disbursement MM / DD / YYYY 01 / 01 / 2010
	Mailing Address 27D Charter Oak Place	Amount of Each Disbursement this Period 5548.15
	City Hartford State CT Zip Code 06106-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Jeremy Howser	Transaction ID: 00316.E11941 Date of Disbursement MM / DD / YYYY 01 / 15 / 2010
	Mailing Address 27D Charter Oak Place	Amount of Each Disbursement this Period 5548.15
	City Hartford State CT Zip Code 06106-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Candidate Name	<input type="checkbox"/> SALARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	13721.91
TOTAL This Period (last page this line number only)	

1002026630

**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 / 373
	<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 Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Jeremy Howser

Mailing Address 27D Charter Oak Place

City Hartford State CT Zip Code 06106-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00316.E11942
Date of Disbursement
MM / DD / YYYY
02 / 01 / 2010

Amount of Each Disbursement this Period
5548.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

B.

Full Name (Last, First, Middle Initial)
Jeremy Howser

Mailing Address 27D Charter Oak Place

City Hartford State CT Zip Code 06106-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00324.E12856
Date of Disbursement
MM / DD / YYYY
02 / 15 / 2010

Amount of Each Disbursement this Period
5548.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

C.

Full Name (Last, First, Middle Initial)
Jeremy Howser

Mailing Address 27D Charter Oak Place

City Hartford State CT Zip Code 06106-

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00324.E12857
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
5548.15

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶ 16644.45

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

10020262631

**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 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Internal Revenue Service
P.O. Box 8530

City Philadelphia State PA Zip Code 19162-

Purpose of Disbursement Taxes Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00316.E11953
Date of Disbursement
01 / 01 / 2010

Amount of Each Disbursement this Period
11654.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

B.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Internal Revenue Service
P.O. Box 8530

City Philadelphia State PA Zip Code 19162-

Purpose of Disbursement Taxes Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00316.E11954
Date of Disbursement
01 / 15 / 2010

Amount of Each Disbursement this Period
11489.18

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

C.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Internal Revenue Service
P.O. Box 8530

City Philadelphia State PA Zip Code 19162-

Purpose of Disbursement Taxes Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00316.E11955
Date of Disbursement
02 / 01 / 2010

Amount of Each Disbursement this Period
11459.91

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

SUBTOTAL of Disbursements This Page (optional) ▶ 34603.77

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

10020262632

**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 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Internal Revenue Service
P.O. Box 8530

City Philadelphia State PA Zip Code 19162-

Purpose of Disbursement Taxes Category/Type

Candidate Name

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

Transaction ID: 00324.E12865
Date of Disbursement 02 / 15 / 2010

Amount of Each Disbursement this Period
6160.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

B.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Internal Revenue Service
P.O. Box 8530

City Philadelphia State PA Zip Code 19162-

Purpose of Disbursement Taxes Category/Type

Candidate Name

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

Transaction ID: 00324.E12866
Date of Disbursement 03 / 01 / 2010

Amount of Each Disbursement this Period
6160.32

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

C.

Full Name (Last, First, Middle Initial)
IRS

Mailing Address Internal Revenue Service
P.O. Box 8530

City Philadelphia State PA Zip Code 19162-

Purpose of Disbursement Taxes Category/Type

Candidate Name

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

Transaction ID: 00324.E12867
Date of Disbursement 03 / 15 / 2010

Amount of Each Disbursement this Period
2461.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TAXES

SUBTOTAL of Disbursements This Page (optional) ▶ 14782.32

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

10020262633

**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 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jessica Klonsky</p> <p>Mailing Address 1920 S Street NW Apt 802</p> <p>City Washington State DC Zip Code 20009-</p> <p>Purpose of Disbursement Research Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00110.E11718 Date of Disbursement 01 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RESEARCH CONSULTING</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) LexisNexis</p> <p>Mailing Address P.O. Box 7247-7090</p> <p>City Philadelphia State PA Zip Code 19170-7090</p> <p>Purpose of Disbursement Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00110.E11721 Date of Disbursement 01 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 159.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FEE</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) LexisNexis</p> <p>Mailing Address P.O. Box 7247-7090</p> <p>City Philadelphia State PA Zip Code 19170-7090</p> <p>Purpose of Disbursement Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00128.E11908 Date of Disbursement 01 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 159.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FEE</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>10318.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262635

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
LexisNexis

Mailing Address P.O. Box 7247-7090

City Philadelphia State PA Zip Code 19170-7090

Purpose of Disbursement Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12474
Date of Disbursement 03 / 10 / 2010

Amount of Each Disbursement this Period 159.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FEE

B.

Full Name (Last, First, Middle Initial)
Kate M. Magsamen

Mailing Address 101 Thomas Street

City W Hartford State CT Zip Code 06119-

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11946
Date of Disbursement 01 / 01 / 2010

Amount of Each Disbursement this Period 1537.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

C.

Full Name (Last, First, Middle Initial)
Kate M. Magsamen

Mailing Address 101 Thomas Street

City W Hartford State CT Zip Code 06119-

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11947
Date of Disbursement 01 / 15 / 2010

Amount of Each Disbursement this Period 1537.68

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY

SUBTOTAL of Disbursements This Page (optional) ▶ 3234.36

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

10020262636

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Kate M. Magsamen</p> <p>Mailing Address 101 Thomas Street</p> <p>City W Hartford State CT Zip Code 06119-</p> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00316.E11948</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1537.68</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SALARY</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MAX Ultimate Food</p> <p>Mailing Address 101 Hampden Street</p> <p>City Boston State MA Zip Code 02119-</p> <p>Purpose of Disbursement Food & Beverage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00406.E12889</p> <p>Date of Disbursement MM / DD / YYYY 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FOOD & BEVERAGE</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lori McGrogan</p> <p>Mailing Address 5146 Nebraska Avenue NW</p> <p>City Washington State DC Zip Code 20008-</p> <p>Purpose of Disbursement Reimb for travel expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00126.E11747</p> <p>Date of Disbursement MM / DD / YYYY 01 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 721.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>REIMB FOR TRAVEL EXPENSES</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>3559.51</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p>.....</p>

10020262637

**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 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

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

Mailing Address 1225 Eye Street NW
Suite 1225

City Washington State DC Zip Code 20005-

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00126.E11750
Date of Disbursement 01 / 22 / 2010

Amount of Each Disbursement this Period 2250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SOFTWARE

B.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement Legal Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00110.E11717
Date of Disbursement 01 / 10 / 2010

Amount of Each Disbursement this Period 464.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LEGAL CONSULTING SERVICES

C.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement Legal Consulting Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 00110.E11726
Date of Disbursement 01 / 10 / 2010

Amount of Each Disbursement this Period 1504.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

LEGAL CONSULTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ 4218.50

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

10020262638

**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 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00110.E11727
Date of Disbursement
MM / DD / YYYY
01 / 10 / 2010

Amount of Each Disbursement this Period
6348.95

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING SERVICES

B.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00126.E11744
Date of Disbursement
MM / DD / YYYY
01 / 22 / 2010

Amount of Each Disbursement this Period
123.50

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING SERVICES

C.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00126.E11745
Date of Disbursement
MM / DD / YYYY
01 / 22 / 2010

Amount of Each Disbursement this Period
7777.61

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ 14250.06

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

10020262639

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal Consulting Services

Candidate Name

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

Transaction ID: 00316.E11927
Date of Disbursement
02 / 03 / 2010

Amount of Each Disbursement this Period
19435.49

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING SERVICES

B.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal Consulting Services

Candidate Name

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

Transaction ID: 00316.E11926
Date of Disbursement
02 / 03 / 2010

Amount of Each Disbursement this Period
423.15

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING SERVICES

C.

Full Name (Last, First, Middle Initial)
Perkins Coie

Mailing Address 1201 Third Avenue
40th Floor

City Seattle State WA Zip Code 98101-3099

Purpose of Disbursement
Legal Consulting Services

Candidate Name

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

Transaction ID: 00316.E12471
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
3605.60

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

LEGAL CONSULTING SERVICES

SUBTOTAL of Disbursements This Page (optional) ▶ 23464.24

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

10020262640

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Perkins Coie		Transaction ID: 00316.E12472 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 1201 Third Avenue 40th Floor		Amount of Each Disbursement this Period 3070.00	
City Seattle	State WA	Zip Code 98101-3099	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Legal Consulting Services		Category/ Type	
Candidate Name		LEGAL CONSULTING SERVICES	
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:			

B.

Full Name (Last, First, Middle Initial) Perkins Coie		Transaction ID: 00324.E12873 Date of Disbursement MM / DD / YYYY 03 / 23 / 2010	
Mailing Address 1201 Third Avenue 40th Floor		Amount of Each Disbursement this Period 1841.83	
City Seattle	State WA	Zip Code 98101-3099	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Legal Consulting Services		Category/ Type	
Candidate Name		LEGAL CONSULTING SERVICES	
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:			

C.

Full Name (Last, First, Middle Initial) Petty Cash		Transaction ID: 00126.E11761 Date of Disbursement MM / DD / YYYY 01 / 25 / 2010	
Mailing Address P.O. Box 270701		Amount of Each Disbursement this Period 300.00	
City W Hartford	State CT	Zip Code 06127-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Parking Transportation Food & Bev		Category/ Type	
Candidate Name		PARKING TRANSPORTATION FO- OD & BEV	
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) ▶

5211.83

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

10020262641

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Petty Cash

Mailing Address 15 Lewis Street

City Hartford State CT Zip Code 06106-

Purpose of Disbursement
Food & Beverage Gasoline Papers

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00203.E11918
Date of Disbursement
01 / 29 / 2010

Amount of Each Disbursement this Period
500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FOOD & BEVERAGE GASOLINE PAPERS

B.

Full Name (Last, First, Middle Initial)
Petty Cash

Mailing Address 15 Lewis Street

City Hartford State CT Zip Code 06106-

Purpose of Disbursement
Gasoline papers food & beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00324.E12876
Date of Disbursement
03 / 24 / 2010

Amount of Each Disbursement this Period
500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

GASOLINE PAPERS FOOD & BEVERAGE

C.

Full Name (Last, First, Middle Initial)
Petty Cash Washington Office

Mailing Address Russell Office Bldg.

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Food & Beverage - transportation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00126.E11760
Date of Disbursement
01 / 25 / 2010

Amount of Each Disbursement this Period
400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

FOOD & BEVERAGE - TRANSPORTATION

SUBTOTAL of Disbursements This Page (optional) ▶ 1400.00

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

10020262642

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) R. C. Cosmetics		Transaction ID: 00316.E12476 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 72 Beacon Terrace		Amount of Each Disbursement this Period 725.00
City Springfield State MA Zip Code 01119-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Makeup Application	Candidate Name	MAKEUP APPLICATION
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) Restaurant Associates		Transaction ID: 00110.E11704 Date of Disbursement MM / DD / YYYY 01 / 10 / 2010
Mailing Address c/o Bank of America 91337 Collections Drive		Amount of Each Disbursement this Period 88.00
City Chicago State IL Zip Code 60693-1337	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Food & Beverage	Candidate Name	FOOD & BEVERAGE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Amy York Rubin		Transaction ID: 00126.E11749 Date of Disbursement MM / DD / YYYY 01 / 18 / 2010
Mailing Address 1577 Forest Villa Lane		Amount of Each Disbursement this Period 3775.00
City Mc Lean State VA Zip Code 22101-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Video	Candidate Name	VIDEO
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4588.00
TOTAL This Period (last page this line number only)	[]

10020262643

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Shorr Johnson Magnus

Mailing Address 1831 Chestnut Street
Sixth Floor

City Philadelphia State PA Zip Code 19103-

Purpose of Disbursement
Retainer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00128.E11912
Date of Disbursement
01 / 28 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

RETAINER

B.

Full Name (Last, First, Middle Initial)
Shorr Johnson Magnus

Mailing Address 1831 Chestnut Street
Sixth Floor

City Philadelphia State PA Zip Code 19103-

Purpose of Disbursement
Retainer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00128.E11913
Date of Disbursement
02 / 01 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

RETAINER

C.

Full Name (Last, First, Middle Initial)
Shorr Johnson Magnus

Mailing Address 1831 Chestnut Street
Sixth Floor

City Philadelphia State PA Zip Code 19103-

Purpose of Disbursement
Reimb for lodging transportation

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 00316.E11929
Date of Disbursement
02 / 03 / 2010

Amount of Each Disbursement this Period
3247.66

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

REIMB FOR LODGING TRANSPORTATION

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

13247.66

10020262644

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Joshua Shulman	Transaction ID: 00110.E11696 Date of Disbursement 01 / 05 / 2010
	Mailing Address 155 Brentwood Road	Amount of Each Disbursement this Period 500.00
	City Newington State CT Zip Code 06111-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mail Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	MAIL CONSULTING

B.	Full Name (Last, First, Middle Initial) Joshua Shulman	Transaction ID: 00122.E11740 Date of Disbursement 01 / 19 / 2010
	Mailing Address 155 Brentwood Road	Amount of Each Disbursement this Period 500.00
	City Newington State CT Zip Code 06111-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mail Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	MAIL CONSULTING

C.	Full Name (Last, First, Middle Initial) Joshua Shulman	Transaction ID: 00203.E11920 Date of Disbursement 02 / 01 / 2010
	Mailing Address 155 Brentwood Road	Amount of Each Disbursement this Period 500.00
	City Newington State CT Zip Code 06111-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Mail Consulting Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	MAIL CONSULTING

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

10020262645

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Joshua Shulman</p> <p>Mailing Address 155 Brentwood Road</p>	<p>Transaction ID: 00316.E11930 Date of Disbursement 02 / 15 / 2010</p>	
<p>City Newington State CT Zip Code 06111-</p> <p>Purpose of Disbursement Mail Consulting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>MAIL CONSULTING</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Trilogy Interactive, LLC</p> <p>Mailing Address 961 Ilima Way</p>	<p>Transaction ID: 00110.E11728 Date of Disbursement 01 / 10 / 2010</p>	
<p>City Palo Alto State CA Zip Code 94306-</p> <p>Purpose of Disbursement Retainer & CDN usage & email</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period 11984.02</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RETAINER & CDN USAGE & EMAIL</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Trilogy Interactive, LLC</p> <p>Mailing Address 961 Ilima Way</p>	<p>Transaction ID: 00126.E11753 Date of Disbursement 01 / 22 / 2010</p>	
<p>City Palo Alto State CA Zip Code 94306-</p> <p>Purpose of Disbursement Internet Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period 10000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>INTERNET SERVICES</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>22484.02</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262646

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Trilogy Interactive, LLC</p> <p>Mailing Address 961 Ilima Way</p>	<p>Transaction ID: 00316.E11928 Date of Disbursement MM / DD / YYYY 02 / 03 / 2010</p>
<p>City Palo Alto State CA Zip Code 94306-</p> <p>Purpose of Disbursement On Line Services - <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1847.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ON LINE SERVICES -</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Trilogy Interactive, LLC</p> <p>Mailing Address 961 Ilima Way</p>	<p>Transaction ID: 00316.E12151 Date of Disbursement MM / DD / YYYY 02 / 19 / 2010</p>
<p>City Palo Alto State CA Zip Code 94306-</p> <p>Purpose of Disbursement Online services <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1559.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ONLINE SERVICES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) University Club of Chicago</p> <p>Mailing Address P.O. Box 91769</p>	<p>Transaction ID: 00110.E11729 Date of Disbursement MM / DD / YYYY 01 / 10 / 2010</p>
<p>City Chicago State IL Zip Code 60693-</p> <p>Purpose of Disbursement Food & Beverage <input type="checkbox"/> Category/Type</p> <p>Candidate Name</p> <p>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) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1504.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FOOD & BEVERAGE</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 4911.40</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262647

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 660720

City Dallas State TX Zip Code 75266-0720

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00110.E11712
Date of Disbursement
01 / 10 / 2010

Amount of Each Disbursement this Period
629.04

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

B.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 660720

City Dallas State TX Zip Code 75266-0720

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00110.E11711
Date of Disbursement
01 / 10 / 2010

Amount of Each Disbursement this Period
22.43

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

C.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 660720

City Dallas State TX Zip Code 75266-0720

Purpose of Disbursement
Telephone
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 00128.E11911
Date of Disbursement
01 / 28 / 2010

Amount of Each Disbursement this Period
22.52

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 673.99

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

10020262648

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 660720

City Dallas State TX Zip Code 75266-0720

Purpose of Disbursement
Telephone
Candidate Name

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

State: District:

Transaction ID: 00128.E11910
Date of Disbursement
01 / 28 / 2010

Amount of Each Disbursement this Period
252.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

B.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 660720

City Dallas State TX Zip Code 75266-0720

Purpose of Disbursement
Telephone
Candidate Name

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

State: District:

Transaction ID: 00316.E12475
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
22.52

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

C.

Full Name (Last, First, Middle Initial)
Verizon

Mailing Address P.O. Box 660720

City Dallas State TX Zip Code 75266-0720

Purpose of Disbursement
Telephone
Candidate Name

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

State: District:

Transaction ID: 00324.E12874
Date of Disbursement
03 / 23 / 2010

Amount of Each Disbursement this Period
22.02

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

SUBTOTAL of Disbursements This Page (optional) ▶ 297.01

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

10020262649

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 15062</p> <p>City Albany State NY Zip Code 12212-</p> <p>Purpose of Disbursement Telephone <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>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:</p>	<p>Transaction ID: 00110.E11720 Date of Disbursement 01 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 422.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONE</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 15062</p> <p>City Albany State NY Zip Code 12212-</p> <p>Purpose of Disbursement Telephones <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>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:</p>	<p>Transaction ID: 00126.E11759 Date of Disbursement 01 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 426.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONES</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address P.O. Box 15062</p> <p>City Albany State NY Zip Code 12212-</p> <p>Purpose of Disbursement Telephones <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>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:</p>	<p>Transaction ID: 00316.E12477 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 423.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEPHONES</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>1272.39</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p>460449.21</p>

10020262650

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Dodd for President Debt Retirement

Transaction ID: 00316.E12467
Date of Disbursement

Mailing Address P.O. Box 270701

M M / D D / Y Y Y Y Y Y
03 / 10 / 2010

City State Zip Code
W Hartford CT 06127-

Amount of Each Disbursement this Period

Purpose of Disbursement
Redesignated contributions

Category/
Type

89750.00

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Dodd for President Debt Retirement

Transaction ID: 00316.E12468
Date of Disbursement

Mailing Address P.O. Box 270701

M M / D D / Y Y Y Y Y Y
03 / 10 / 2010

City State Zip Code
W Hartford CT 06127-

Amount of Each Disbursement this Period

Purpose of Disbursement
Redesignated contributions

Category/
Type

32000.00

Candidate Name

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

121750.00

121750.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Southwest Airlines		Transaction ID: 00406.E12948	
Mailing Address P.O. Box 36657		Date of Disbursement 01 / 09 / 2010	
City Dallas	State TX	Zip Code 75235-	Amount of Each Disbursement this Period 147.70
Purpose of Disbursement AIRFARE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.

Full Name (Last, First, Middle Initial) Southwest Airlines		Transaction ID: 00406.E12946	
Mailing Address P.O. Box 36657		Date of Disbursement 01 / 09 / 2010	
City Dallas	State TX	Zip Code 75235-	Amount of Each Disbursement this Period 147.70
Purpose of Disbursement AIRFARE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	295.40
TOTAL This Period (last page this line number only)	295.40

10020262652

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Laborers Political League PAC

Mailing Address 905 16th St NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12204
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
METLife Inc. PAC

Mailing Address One Metlife Plaza
27-01 Queens Plaza North Area 4D

City Long Island City State NY Zip Code 11101-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12254
Date of Disbursement
MM / DD / YYYY
02 / 25 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
American Bankers Association PAC

Mailing Address 1120 Copnnecticut Ave NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11971
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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

10020262653

**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)

17
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 20b
 19a
 20c
 19b
 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
ACE Group PAC

Mailing Address 436 Walnut Street WA04P

City Philadelphia State PA Zip Code 19106-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12537
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
3000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
AFLAC PAC

Mailing Address 1932 Wynnton Rd

City Columbus State GA Zip Code 31999-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11966
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
AFLAC PAC

Mailing Address 1932 Wynnton Rd

City Columbus State GA Zip Code 31999-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E11965
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 12000.00

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

10020262654

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
AICPA PAC

Mailing Address Palladian Corporate Center
220 Leigh Farm Road

City Durham State NC Zip Code 27707-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12480
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
AMEX Federal PAC

Mailing Address 86 Trinity Place

City New York State NY Zip Code 10006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11975
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
APMA PAC

Mailing Address 9312 Old Georgetown Road

City Bethesda State MD Zip Code 20814-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12555
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
3500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4700.00

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

10020262655

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

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
AXA Equitable PAC

Mailing Address

City State Zip Code

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11983
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

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

Mailing Address 151 Farmington Ave
RW61

City State Zip Code
Hartford CT 06156-

Purpose of Disbursement
Refund of Contribution Refund of contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11963
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

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

Mailing Address 151 Farmington Ave
RW61

City State Zip Code
Hartford CT 06156-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E11964
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 11500.00

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

10020262656

**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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Air Line Pilots Assc Intl PAC

Transaction ID: 00316.E12538
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Mailing Address 1625 Massachusetts Ave NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
3000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

B.

Full Name (Last, First, Middle Initial)
Allstate Insurance Company PAC

Transaction ID: 00316.E11968
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Mailing Address 2775 Sanders Road Suite A5

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

C.

Full Name (Last, First, Middle Initial)
Allstate Insurance Company PAC

Transaction ID: 00316.E11969
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Mailing Address 2775 Sanders Road Suite A5

City Northbrook State IL Zip Code 60062-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

10020262657

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

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

FOR LINE NUMBER:
(check only one)

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20c
 19b
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Altria Group PAC

Mailing Address 101 Constitution Avenue NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12543
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
3000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Amalgamated Transit Union PAC

Mailing Address 5025 Wisconsin Avenue NW

City Washington State DC Zip Code 20016-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11970
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
America Works PAC

Mailing Address P.O. Box 76187

City Washington State DC Zip Code 20013-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12544
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 13000.00

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

10020262658

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) Americas Health Insurance Plan PAC		Transaction ID: 00316.E12552 Date of Disbursement	
Mailing Address 601 Pennsylvania Avenue NW Suite 500		<input type="checkbox"/> 03 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2010	
City Washington	State DC	Zip Code 20004-	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Refund of Contrib		<input type="checkbox"/> 010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Amount of Each Disbursement this Period 2500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) American Academy of Pediatric Dentistry		Transaction ID: 00316.E12547 Date of Disbursement	
Mailing Address Political Action Committee 211 E Chicago Avenue		<input type="checkbox"/> 03 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2010	
City Chicago	State IL	Zip Code 60611-	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Refund of Contrib		<input type="checkbox"/> 010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Amount of Each Disbursement this Period 5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) American Chiropractic Association PAC		Transaction ID: 00316.E12545 Date of Disbursement	
Mailing Address 1701 Clarendon Boulevard		<input type="checkbox"/> 03 / <input type="checkbox"/> 10 / <input type="checkbox"/> 2010	
City Arlington	State VA	Zip Code 22209-	Amount of Each Disbursement this Period
Purpose of Disbursement Refund of Contribution Refund of Contrib		<input type="checkbox"/> 010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		Amount of Each Disbursement this Period 5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	<input type="checkbox"/> 12500.00
TOTAL This Period (last page this line number only)	<input type="checkbox"/>

10020262659

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

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

FOR LINE NUMBER:
(check only one)

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 19b
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
American Council of Life Insurers PAC

Transaction ID: 00319.E12641
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Mailing Address 101 Constitution Avenue NW
7th Floor West

City Washington State DC Zip Code 20001-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
1100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

B.

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

Transaction ID: 00316.E12546
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Mailing Address 1111 14th Street NW
Suite 1100

City Washington State DC Zip Code 20005-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

C.

Full Name (Last, First, Middle Initial)
American Federation of Teachers PAC

Transaction ID: 00316.E11973
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Mailing Address 555 New Jersey Avenue NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 11100.00

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

10020262660

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
American Federation of Teachers PAC

Mailing Address 555 New Jersey Avenue NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11972
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Am. Fed. State County Municipal Emp. PAC

Mailing Address AFSCME PEOPLE
1625 L Street, NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11974
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
American Health Care Association PAC

Mailing Address (AHCA-PAC)
1201 L Street NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12548
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 14000.00

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

10020262661

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12549
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
American Insurance Association PAC

Mailing Address 2101 L Street NW
Suite 1000

City Washington State DC Zip Code 20037-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12550
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
American Optometric Association PAC

Mailing Address 1505 Prince Street
Suite 300

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12551
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

10020262662

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Amgen Pac

Mailing Address One Amgen Center Drive

City Newbury Park State CA Zip Code 91320-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11976
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Anheuser-Busch PAC

Mailing Address One Busch Place

City Saint Louis State MO Zip Code 63118-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11979
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Anheuser-Busch PAC

Mailing Address One Busch Place

City Saint Louis State MO Zip Code 63118-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12481
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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

10020262663

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Appraisal Institute PAC

Transaction ID: 00316.E12482
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Mailing Address 2600 Virginia Avenue NW
Suite 123

City Washington State DC Zip Code 20037-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

B.

Full Name (Last, First, Middle Initial)
APWU COPA PAC

Transaction ID: 00316.E11981
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Mailing Address 1300 L Street NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

C.

Full Name (Last, First, Middle Initial)
APWU COPA PAC

Transaction ID: 00316.E11980
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Mailing Address 1300 L Street NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

10020262664

**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 119 / 373

17 18 19a 19b
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Arnold & Porter Partners PAC

Mailing Address 555 12th Street NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12557
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Arnold & Porter Partners PAC

Mailing Address 555 12th Street NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E11982
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Asian American Hotel Owners PAC

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12558
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

10020262665

**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 120 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Association Advanced Life Underwriting

Mailing Address Political Action Committee
2901 Telesstar Court

City Falls Church State VA Zip Code 22042-1260

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12559
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Bingaman Re Election Campaign

Mailing Address P.O. Box 16210

City Albuquerque State NM Zip Code 87191-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12572
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Boeing PAC

Mailing Address 1200 Wilson Boulevard

City Arlington State VA Zip Code 22209-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12573
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 9000.00

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

10020262666

**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 121 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Boilermakers PAC

Mailing Address 753 State Avenue
Suite 565

City Kansas City State KS Zip Code 66101-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12574
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Bricklayers and Allied Craftworkers PAC

Mailing Address 620 F Street NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12576
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Brownstein Hyatt & Farber PAC

Mailing Address 410 17th Street
22nd Floor

City Denver State CO Zip Code 80202-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12579
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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

10020262667

**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 122 / 373

17
20a
 18
20b
 19a
20c
 19b
21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
CDM National PAC

Mailing Address 14420 Albemarle Point Place
Suite 210

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12584
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
CULAC

Mailing Address 601 Pennsylvania Avenue NW
South Building, Suite 600

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12059
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Capital One Associates PAC

Mailing Address 1680 Capital One Dr

City Mc Lean State VA Zip Code 22102-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12016
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 12000.00

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

10020262668

**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 123 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Carpenters Legislative Improvement PAC	Transaction ID: 00316.E12023 Date of Disbursement MM / DD / YYYY 02 / 12 / 2010
Mailing Address 101 Constitution Avenue, NW 10th Floor	Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

B.

Full Name (Last, First, Middle Initial) Cigna PAC	Transaction ID: 00316.E12592 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 601 Pennsylvania Avenue, NW Suite 500 South Building	Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

C.

Full Name (Last, First, Middle Initial) Cisco Systems E-PAC	Transaction ID: 00316.E12593 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address Cisco Systems, Inc. Federal PAC 20 Park Road	Amount of Each Disbursement this Period 1000.00
City Burlingame State CA Zip Code 94010-4443	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

10020262669

**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 124 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Citizens Financial Group, Inc PAC

Mailing Address One Citizens PLaza
12th Floor

City Providence State RI Zip Code 02903-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12035
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
4000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Citizens for Good Government

Mailing Address 333 S Wabash
43 S

City Chicago State IL Zip Code 60604-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12036
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Citizens for Joe Kennedy

Mailing Address c/o Goldman, Sachs & Co.
85 Broad Street

City New York State NY Zip Code 10004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12594
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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

10020262670

**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 125 / 373
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Comcast Corporation PAC	Transaction ID: 00316.E12598 Date of Disbursement 03 / 10 / 2010
Mailing Address 1701 JFK Boulevard	Amount of Each Disbursement this Period 500.00
City Philadelphia State PA Zip Code 19103-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib	010 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

B.

Full Name (Last, First, Middle Initial) Committee on Letter Carriers PAC	Transaction ID: 00316.E12599 Date of Disbursement 03 / 10 / 2010
Mailing Address 100 Indiana Avenue NW	Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20001-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib	010 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

C.

Full Name (Last, First, Middle Initial) Committee for a Democratic Majority	Transaction ID: 00316.E12048 Date of Disbursement 02 / 12 / 2010
Mailing Address 501 Capitol Court NE Suite 100	Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib	010 Category/ Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

10020262671

**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 126 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Community Action Program PAC		Transaction ID: 00316.E12049 Date of Disbursement	
Mailing Address 810 First St. NE Suite 530		MM / DD / YYYY 02 / 12 / 2010	
City Washington	State DC	Zip Code 20002-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.

Full Name (Last, First, Middle Initial) Community Action Program PAC		Transaction ID: 00316.E12050 Date of Disbursement	
Mailing Address 810 First St. NE Suite 530		MM / DD / YYYY 02 / 12 / 2010	
City Washington	State DC	Zip Code 20002-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary		
State: District:			

C.

Full Name (Last, First, Middle Initial) Credit Suisse Securities PAC		Transaction ID: 00316.E12058 Date of Disbursement	
Mailing Address 1201 F Street NW Suite 450		MM / DD / YYYY 02 / 12 / 2010	
City Washington	State DC	Zip Code 20004-	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

10020262672

**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 127 / 373

17 20a 18 20b 19a 20c 19b 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Cummins PAC

Mailing Address 601 Pennsylvania Avenue NW
North Building

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12606
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
DANPAC

Mailing Address 315 C Street SE
Lower Level

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12063
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
DLA Piper PAC

Mailing Address 500 8th Street NW

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12068
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 11000.00

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

10020262673

**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 128 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Dealers Election Action Committee

Mailing Address 8400 Westpark Drive

City McLean State VA Zip Code 22102-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12611
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Employees of Northrop Gruman PAC

Mailing Address 520 S Grand Avenue Suite 700

City Los Angeles State CA Zip Code 90071-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12085
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Employees of Northrop Gruman PAC

Mailing Address 520 S Grand Avenue Suite 700

City Los Angeles State CA Zip Code 90071-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12618
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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

10020262674

**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 129 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Ernst & Young PAC

Mailing Address 1101 New York Avenue NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12620
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
FMR LLC PAC

Mailing Address 82 Devonshire Street

City Boston State MA Zip Code 02109-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12099
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
FMR LLC PAC

Mailing Address 82 Devonshire Street

City Boston State MA Zip Code 02109-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12100
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

10020262675

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Fidelity National Financial PAC 2001		Transaction ID: 00316.E12091 Date of Disbursement																									
Mailing Address 4050 Calle Real Suite 220		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	2	/	2	2	/	2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	2	/	2	2	/	2	0	1	0																		
City Santa Barbara	State CA	Zip Code 93110-	Amount of Each Disbursement this Period																								
Purpose of Disbursement Refund of Contribution Refund of Contrib		<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																						
010																											
5000.00																											
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										
State: District:																											

B.

Full Name (Last, First, Middle Initial) Financial Planning Association PAC		Transaction ID: 00316.E12092 Date of Disbursement																									
Mailing Address 1615 L St NW Suite 650		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	2	/	2	2	/	2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	2	/	2	2	/	2	0	1	0																		
City Washington	State DC	Zip Code 20036-	Amount of Each Disbursement this Period																								
Purpose of Disbursement Refund of Contribution Refund of Contrib		<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																						
010																											
1000.00																											
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										
State: District:																											

C.

Full Name (Last, First, Middle Initial) Financial Services Institute PAC		Transaction ID: 00319.E12625 Date of Disbursement																									
Mailing Address 900 Circle - 75 Parkway Suite 860		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	3	/	1	0	/	2	0	1	0		
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
0	3	/	1	0	/	2	0	1	0																		
City Atlanta	State GA	Zip Code 30339-	Amount of Each Disbursement this Period																								
Purpose of Disbursement Refund of Contribution Refund of Contrib		<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																						
010																											
2500.00																											
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										
State: District:																											

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

10020262676

**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 131 / 373

17
 20a
 18
 20b
 19a
 20c
 19b
 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Follow the North Star Fund

Transaction ID: 00319.E12627
Date of Disbursement

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

Mailing Address 316 East Hennepin Avenue
Suite 201

City Minneapolis State MN Zip Code 55414-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

5000.00

 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Friends of Senator Carl Levin

Transaction ID: 00316.E12494
Date of Disbursement

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

Mailing Address 10 G Street NW
Suite 470

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

2000.00

 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

August 2010 Primary

C.

Full Name (Last, First, Middle Initial)
Friends of Senator Carl Levin

Transaction ID: 00316.E12110
Date of Disbursement

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

Mailing Address 10 G Street NW
Suite 470

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

2000.00

 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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10020262677

**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 132 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) GenenPAC		Transaction ID: 00316.E12116 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010	
Mailing Address 1399 New York Avenue Suite 300		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20005-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 2500.00	
Category/Type 010		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

B. Full Name (Last, First, Middle Initial) General Dynamics PAC		Transaction ID: 00319.E12635 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 2941 Fairview Park Drive #100		Amount of Each Disbursement this Period 5000.00	
City Falls Church State VA Zip Code 22042-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 5000.00	
Category/Type 010		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

C. Full Name (Last, First, Middle Initial) Glacier PAC		Transaction ID: 00316.E12117 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010	
Mailing Address P.O. Box 586		Amount of Each Disbursement this Period 5000.00	
City Helena State MT Zip Code 59624-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Disbursement this Period 5000.00	
Category/Type 010		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	12500.00

10020262678

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Goodrich Corporation PAC

Mailing Address 2730 W Tyvola Road

City Charlotte State NC Zip Code 28217-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12496
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Grant Thornton PAC

Mailing Address 175 W Jackson Blvd Suite 2000

City Chicago State IL Zip Code 60604-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12124
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Grant Thornton PAC

Mailing Address 175 W Jackson Blvd Suite 2000

City Chicago State IL Zip Code 60604-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12652
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

10020262679

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Green Mountain PAC

Mailing Address P.O. Box 1142

City Montpelier State VT Zip Code 05601-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12129
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Green Mountain PAC

Mailing Address P.O. Box 1142

City Montpelier State VT Zip Code 05601-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12130
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Honeywell International PAC

Mailing Address 101 Constitution Avenue NW
Ste 500W

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12150
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

1002026280

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
IBEW-COPE PAC

Mailing Address 900 Seventh Street NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12155
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
IBEW-COPE PAC

Mailing Address 900 Seventh Street NW

City Washington State DC Zip Code 20001-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12156
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
ING US PAC

Mailing Address One Orange Way
C1NTS31

City Windsor State CT Zip Code 06095-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12161
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 12400.00

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

10020262681

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
INSUR PAC

Mailing Address 412 First St SE
Suite 300

City Washington State DC Zip Code 20003-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12670
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Impact PAC

Mailing Address 509 Madison Avenue
Suite 1902

City New York State NY Zip Code 10022-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12157
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Impact PAC

Mailing Address 509 Madison Avenue
Suite 1902

City New York State NY Zip Code 10022-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12158
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

10020262682

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Transaction ID: 00316.E12160
Date of Disbursement

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

Mailing Address 1615 L St NW
Ste 900

City Washington State DC Zip Code 20036-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District:

Amount of Each Disbursement this Period

3000.00

 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Independent Community Bankers PAC

Transaction ID: 00316.E12159
Date of Disbursement

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

Mailing Address 1615 L St NW
Ste 900

City Washington State DC Zip Code 20036-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District: August 2010 Primary

Amount of Each Disbursement this Period

5000.00

 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
International Council Shopping Centers

Transaction ID: 00316.E12162
Date of Disbursement

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

Mailing Address Political Action Committee
1399 New York Avenue NW

City Washington State DC Zip Code 20005-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District:

Amount of Each Disbursement this Period

2500.00

 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

10500.00

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

10500.00

10020262683

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Internat. Union Operating Engineers PAC

Transaction ID: 00316.E12163
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Mailing Address
Engineers Political Education Comm
1125 Seventeenth Street, NW

City Washington State DC Zip Code 20036-

Amount of Each Disbursement this Period
5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name
Category/Type 010

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

State: District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Intl Association Fire Fighters PAC

Transaction ID: 00316.E12164
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Mailing Address
1750 New York Avenue NW

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period
5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name
Category/Type 010

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

State: District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Investment Company Institute PAC

Transaction ID: 00316.E12165
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Mailing Address
ICI PAC
1401 H Street NW

City Washington State DC Zip Code 20005-

Amount of Each Disbursement this Period
2000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name
Category/Type 010

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

State: District:

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 12000.00

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

10020252584

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Ironworkers PAC

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12166
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Johnson & Johnson PAC

Mailing Address One Johnson & Johnson Plaza

City New Brunswick State NJ Zip Code 8933 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12674
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
3500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Kennedy for Senate

Mailing Address 501 Caitl Court NE Suite 100

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12678
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 10500.00

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

10020262685

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

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

FOR LINE NUMBER:
(check only one)

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 19a
 20c
 19b
 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Leadership in a New Century PAC

Mailing Address 124 West Capital Avenue
Suite 1630

City Little Rock State AR Zip Code 72201-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12688
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
3000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Lehman Brothers PAC

Mailing Address 2001 K Street NW
11th Floor

City Washington State DC Zip Code 20006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12691
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Liberty Mutual PAC

Mailing Address 175 Berkeley Street

City Boston State MA Zip Code 02117-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12217
Date of Disbursement
02 / 25 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 8400.00

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

10020262686

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Liberty Mutual PAC

Mailing Address 175 Berkeley Street

City Boston State MA Zip Code 02117-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12218
Date of Disbursement
02 / 25 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Lockheed Martin EPAC

Mailing Address 1550 Crystal Drive Suite 300

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12696
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
M-PAC

Mailing Address 712 35th Avenue

City Seattle State WA Zip Code 98122-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12262
Date of Disbursement
02 / 25 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 11500.00

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

10020262687

**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 142 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
M-PAC

Mailing Address 712 35th Avenue

City Seattle State WA Zip Code 98122-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12511
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
MINN-DAK Farmers PAC

Mailing Address MDFPAC
7525 Red River Road

City Wahpeton State ND Zip Code 58075-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12713
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Massachusetts Mutual PAC

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12508
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
3000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 9000.00

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

10020262688

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

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Massachusetts Mutual PAC

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12509
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Medtronic Medical Technology Fund

Mailing Address 950 F Street NW Suite 500

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12510
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Mortgage Bankers Assoc. (MORPAC)

Mailing Address 1919 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20006-3404

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12261
Date of Disbursement
02 / 25 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

10020262689

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

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Mortgage Bankers Assoc. (MORPAC)

Mailing Address 1919 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20006-3404

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12260
Date of Disbursement
MM / DD / YYYY
02 / 25 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
NAA PAC

Mailing Address 4300 Wilson Blvd.
Suite 400

City Arlington State VA Zip Code 22203-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12722
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
NARAL Pro-Choice America PAC

Mailing Address 1156 15th Street NW
Suite 700

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12724
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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

10020262690

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

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

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

NAPSLO PAC

Transaction ID: 00316.E12269

Date of Disbursement

M M / D D / Y Y Y Y
02 / 25 / 2010

Mailing Address 805 15th Street NW
Suite 700

Amount of Each Disbursement this Period

3000.00

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

B.

Full Name (Last, First, Middle Initial)

NAPSLO PAC

Transaction ID: 00316.E12270

Date of Disbursement

M M / D D / Y Y Y Y
02 / 25 / 2010

Mailing Address 805 15th Street NW
Suite 700

Amount of Each Disbursement this Period

1000.00

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

NAPSLO PAC

Transaction ID: 00319.E12723

Date of Disbursement

M M / D D / Y Y Y Y
03 / 10 / 2010

Mailing Address 805 15th Street NW
Suite 700

Amount of Each Disbursement this Period

4000.00

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

10020262691

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

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Narragansett Bay PAC

Mailing Address P.O. Box 8628

City Cranston State RI Zip Code 02920-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12725
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
National Action Committee PAC

Mailing Address 3389 Sheridan Street Suite 424

City Hollywood State FL Zip Code 33021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12729
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
National Assoc of Independ Life Brokers

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12727
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 12000.00

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

10020262692

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

Use separate schedule(s)
for each category of the
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 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
National Assoc Insurance & Financial Adv

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00323.E12837
Date of Disbursement
03 / 12 / 2010

Amount of Each Disbursement this Period
500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
NAMIC PAC

Mailing Address National Assoc Mutual Insurance Co
3601 Vincennes Road

City Indianapolis State IN Zip Code 46268-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12728
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
National Committee to Preserve Social

Mailing Address 10 G Street NE
Suite 600

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12730
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 9500.00

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

10020262693

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

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) National Multi Housing PAC		Transaction ID: 00319.E12731 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 1850 M Street NW Suite 450		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20036-5816	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B.

Full Name (Last, First, Middle Initial) National Multi Housing PAC		Transaction ID: 00316.E12273 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
Mailing Address 1850 M Street NW Suite 450		Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20036-5816	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	August 2010 Primary	

C.

Full Name (Last, First, Middle Initial) National Postal Mail Handlers		Transaction ID: 00319.E12732 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 905 16th Street NW		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC Zip Code 20006-	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

10020262694

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) New Jersey First</p>	<p>Transaction ID: 00316.E12275 Date of Disbursement</p>
<p>Mailing Address Riverfront Plaza Station PO Box 200597</p>	<p><input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 02 / 25 / 2010</p>
<p>City Newark State NJ Zip Code 07102-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p>5000.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>010 Category/ Type</p>
<p>State: District:</p>	<p>B. Full Name (Last, First, Middle Initial) New York Life Insurance PAC</p>
<p>Mailing Address 51 Madison Avenue Room 1109</p>	<p>Transaction ID: 00316.E12276 Date of Disbursement</p>
<p>City New York State NY Zip Code 10010-</p>	<p><input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 02 / 25 / 2010</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>Amount of Each Disbursement this Period</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>5000.00</p>
<p>State: District:</p>	<p>C. Full Name (Last, First, Middle Initial) New York Mercantile Exchange PAC</p>
<p>Mailing Address One North End Ave 14th Floor</p>	<p>Transaction ID: 00316.E12277 Date of Disbursement</p>
<p>City New York State NY Zip Code 10282-</p>	<p><input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y 02 / 25 / 2010</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>Amount of Each Disbursement this Period</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>5000.00</p>
<p>State: District:</p>	<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>
<p>TOTAL This Period (last page this line number only) ▶</p>	<p>15000.00</p>

10020262695

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) New York Stock Exchange PAC		Transaction ID: 00319.E12734 Date of Disbursement	
Mailing Address 801 Pennsylvania Avenue NW Suite 630		MM / DD / YYYY 03 / 10 / 2010	
City Washington State DC Zip Code 20004-	Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Category/Type 010	

Full Name (Last, First, Middle Initial) Northwestern Mutual PAC		Transaction ID: 00316.E12285 Date of Disbursement	
Mailing Address 720 E Wisconsin Ave		MM / DD / YYYY 02 / 25 / 2010	
City Milwaukee State WI Zip Code 53202-	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Category/Type 010	

Full Name (Last, First, Middle Initial) OPHTHPAC		Transaction ID: 00319.E12739 Date of Disbursement	
Mailing Address American Academy of Ophthalmology 1101 Vermont Avenue NW		MM / DD / YYYY 03 / 10 / 2010	
City Washington State DC Zip Code 20005-	Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
		Category/Type 010	

SUBTOTAL of Disbursements This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	12000.00

10020262696

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Commissioner of Major League Baseball

Mailing Address 1050 Connecticut Avenue NW
1100

City Washington State DC Zip Code 20036-

Purpose of Disbursement
Refund of Contribution Refund of contrib
Candidate Name

010
Category/
Type

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

Transaction ID: 00412.E12984
Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Oppenheimer Funds PAC

Mailing Address Two World Financial Center

City New York State NY Zip Code 10080-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

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

Transaction ID: 00319.E12740
Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
PCIPAC

Mailing Address Proport Casualty Insurers Assoc. A
2600 South River Road

City Des Plaines State IL Zip Code 60018-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

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

Transaction ID: 00319.E12747
Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

4500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Phoenix PAC

Mailing Address Phoenix Companies, Inc. PAC
One American Row

City Hartford State CT Zip Code 06115-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12306

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Pitney Bowes PAC

Mailing Address 1 Elmcroft Road

City Stamford State CT Zip Code 06926-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12307

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Prairie PAC

Mailing Address 53 West Jackson
Suite 1626

City Chicago State IL Zip Code 60604-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

Transaction ID: 00316.E12314

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Prairie PAC

Transaction ID: 00316.E12313
Date of Disbursement

Mailing Address 53 West Jackson
Suite 1626

M M / D D / Y Y Y Y
03 / 01 / 2010

City Chicago State IL Zip Code 60604-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
PriceWaterhouseCoopers PAC

Transaction ID: 00316.E12318
Date of Disbursement

Mailing Address 1301 K Street NW
Suite 800 West

M M / D D / Y Y Y Y
03 / 01 / 2010

City Washington State DC Zip Code 20005-

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
REALPAC

Transaction ID: 00316.E12324
Date of Disbursement

Mailing Address 801 Pennsylvania Avenue NW
Suite 720

M M / D D / Y Y Y Y
03 / 01 / 2010

City Washington State DC Zip Code 20004-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

13000.00

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

10020262700

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
REALPAC

Transaction ID: 00316.E12325
Date of Disbursement

Mailing Address 801 Pennsylvania Avenue NW
Suite 720

03 / 01 / 2010

City Washington State DC Zip Code 20004-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

B.

Full Name (Last, First, Middle Initial)
REIT PAC

Transaction ID: 00316.E12329
Date of Disbursement

Mailing Address 1875 I Street, NW
Suite 600

03 / 01 / 2010

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ROC PAC

Transaction ID: 00316.E12520
Date of Disbursement

Mailing Address 607 14th Street NW
Suite 800

03 / 10 / 2010

City Washington State DC Zip Code 20005-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

10020262701

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
ROC PAC

Transaction ID: 00316.E12338
Date of Disbursement
03 / 01 / 2010

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Regions Financial Corp PAC

Transaction ID: 00316.E12327
Date of Disbursement
03 / 01 / 2010

Mailing Address 417 20th Street North

City Birmingham State AL Zip Code 35203-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Rhode Island Hope PAC

Transaction ID: 00319.E12759
Date of Disbursement
03 / 10 / 2010

Mailing Address 607 14th Street NW
Suite 600

City Washington State DC Zip Code 20005-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District:

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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

10020262702

**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 157 / 373
	<input type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input checked="" type="checkbox"/> 19a <input checked="" type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) SEIU COPE	Transaction ID: 00316.E12377
	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
Mailing Address 1800 Massachusetts Avenue NW	Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type
State: District:	

B. Full Name (Last, First, Middle Initial) SEIU COPE	Transaction ID: 00316.E12522
	Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 1800 Massachusetts Avenue NW	Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	010 Category/ Type
State: District: August 2010 Primary	

C. Full Name (Last, First, Middle Initial) Seafarers PAC	Transaction ID: 00316.E12371
	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
Mailing Address 5201 Auth Way	Amount of Each Disbursement this Period 5000.00
City Suitland State MD Zip Code 20746-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type
State: District:	

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

10020262703

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Searchlight Leadership Fund

Transaction ID: 00316.E12372
Date of Disbursement

Mailing Address 607 14th Street NW
Suite 800

MM / DD / YYYY
03 / 01 / 2010

City Washington State DC Zip Code 20005-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Securities Industry Financial Market PAC

Transaction ID: 00319.E12769
Date of Disbursement

Mailing Address 1101 New York Avenue NW
8th Floor

MM / DD / YYYY
03 / 10 / 2010

City Washington State DC Zip Code 20005-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Sheet Metal Workers PAC

Transaction ID: 00316.E12383
Date of Disbursement

Mailing Address 1750 New York Avenue NW

MM / DD / YYYY
03 / 01 / 2010

City Washington State DC Zip Code 20006-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

SUBTOTAL of Disbursements This Page (optional)

15000.00

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 159 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Sheet Metal Workers PAC

Transaction ID: 00316.E12382
Date of Disbursement

Mailing Address 1750 New York Avenue NW

M M / D D / Y Y Y Y
 03 / 01 / 2010

City State Zip Code
Washington DC 20006-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

B.

Full Name (Last, First, Middle Initial)
Sidley Austin LLP -Good Government Fund

Transaction ID: 00316.E12386
Date of Disbursement

Mailing Address One South Dearborn

M M / D D / Y Y Y Y
 03 / 01 / 2010

City State Zip Code
Chicago IL 60603-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

C.

Full Name (Last, First, Middle Initial)
Solarz for Congress

Transaction ID: 00319.E12780
Date of Disbursement

Mailing Address P.O. Box 2703

M M / D D / Y Y Y Y
 03 / 10 / 2010

City State Zip Code
Alexandria VA 22301-

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

10020262705

**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 160 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Sonnenschein PAC

Mailing Address 1301 K Street NW
Suite 600, East Tower

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010 Category/Type

Candidate Name

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

State: District:

Transaction ID: 00316.E12400
Date of Disbursement 03 / 01 / 2010

Amount of Each Disbursement this Period 2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Sun Life Assurance Company of Canada PAC

Mailing Address 201 Townsend Street
Ste 900

City Lansing State MI Zip Code 48933-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010 Category/Type

Candidate Name

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

State: District:

Transaction ID: 00316.E12528
Date of Disbursement 03 / 10 / 2010

Amount of Each Disbursement this Period 2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
TEVA PAC

Mailing Address 1090 Horsham Road
P.O. Box 1090

City North Wales State PA Zip Code 19454-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010 Category/Type

Candidate Name

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

State: District:

Transaction ID: 00316.E12529
Date of Disbursement 03 / 10 / 2010

Amount of Each Disbursement this Period 5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 9400.00

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

10020262706

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
TEVA PAC

Mailing Address 1090 Horsham Road
P.O. Box 1090

City North Wales State PA Zip Code 19454-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12415
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
TIAA-CREF PAC

Mailing Address 1101 Pennsylvania Avenue NW
Suite 800

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12532
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
TIAA-CREF PAC

Mailing Address 1101 Pennsylvania Avenue NW
Suite 800

City Washington State DC Zip Code 20004-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12531
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

10020262707

**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 162 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Target Citizens PAC

Transaction ID: 00316.E12409
Date of Disbursement

Mailing Address 1000 Nicollet Mall TPS 3275

MM / DD / YYYY
03 / 01 / 2010

City State Zip Code
Minneapolis MN 55403-

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
The Chubb Corp PAC

Transaction ID: 00316.E12425
Date of Disbursement

Mailing Address 15 Mountain View Rd
P O Box 1615

MM / DD / YYYY
03 / 01 / 2010

City State Zip Code
Plainfield NJ 07061-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
The Industry PAC of the American Land Ti

Transaction ID: 00319.E12789
Date of Disbursement

Mailing Address 1828 L Street NW
Suite 705

MM / DD / YYYY
03 / 10 / 2010

City State Zip Code
Washington DC 20036-

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

10020262708

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
The PONO PAC

Transaction ID: 00319.E12790
Date of Disbursement

Mailing Address 1059 Prospect Street

03 / 10 / 2010

City Honolulu State HI Zip Code 96822-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

2500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

B.

Full Name (Last, First, Middle Initial)
The Roche Good Government Committee

Transaction ID: 00319.E12791
Date of Disbursement

Mailing Address 346 Kingsland Street

03 / 10 / 2010

City Nutley State NJ Zip Code 7110 -

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

2500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

C.

Full Name (Last, First, Middle Initial)
Title Industry PAC

Transaction ID: 00319.E12795
Date of Disbursement

Mailing Address 1828 L Street NW
Suite 705

03 / 10 / 2010

City Washington State DC Zip Code 20036-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 373
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
To Organize a Majority PAC

Mailing Address P.O. Box 752

City Des Moines State IA Zip Code 50303-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12796
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Treasury Employees PAC

Mailing Address 1750 H Street NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12798
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
UNUM PAC

Mailing Address 2211 Congress Street

City Portland State ME Zip Code 04122-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12801
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

10020262710

**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 165 / 373
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) US Oncology Inc Good Government Committe	Transaction ID: 00319.E12802 Date of Disbursement																							
	Mailing Address 10101 Woodloch Forest Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	3		1	0		2	0	1	0	
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y														
0	3		1	0		2	0	1	0																
	City State Zip Code The Woodlands TX 77380-	Amount of Each Disbursement this Period																							
	Purpose of Disbursement Refund of Contribution Refund of Contrib	<table border="1"> <tr> <td>5000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	5000.00																						
5000.00																									
	Candidate Name	<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010																						
010																									
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

B.	Full Name (Last, First, Middle Initial) USAA Employee PAC	Transaction ID: 00319.E12803 Date of Disbursement																							
	Mailing Address c/o USAA Legislative Affiars 1455 F Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	3		1	0		2	0	1	0	
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y														
0	3		1	0		2	0	1	0																
	City State Zip Code Washington DC 20004-	Amount of Each Disbursement this Period																							
	Purpose of Disbursement Refund of Contribution Refund of Contrib	<table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	2000.00																						
2000.00																									
	Candidate Name	<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010																						
010																									
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

C.	Full Name (Last, First, Middle Initial) United Food and Commercial Workers PAC	Transaction ID: 00316.E12416 Date of Disbursement																							
	Mailing Address 1775 K Street NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	0	3		0	1		2	0	1	0	
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y														
0	3		0	1		2	0	1	0																
	City State Zip Code Washington DC 20006-	Amount of Each Disbursement this Period																							
	Purpose of Disbursement Refund of Contribution Refund of Contrib	<table border="1"> <tr> <td>5000.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	5000.00																						
5000.00																									
	Candidate Name	<table border="1"> <tr> <td>010</td> </tr> </table> Category/ Type	010																						
010																									
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Disbursements This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	

10020262711

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
United Food and Commercial Workers PAC

Mailing Address 1775 K Street NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12417
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
3000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Ven-PAC

Mailing Address P. O. Box 83142

City Gaithersburg State MD Zip Code 20883-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12804
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2282.47

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Walt Disney Company PAC

Mailing Address 1150 17th St NW
Ste 400

City Washington State DC Zip Code 20036-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12432
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7782.47

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

10020262712

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Washington Women for Choice PAC

Mailing Address 603 Stewart Street #189

City Seattle State WA Zip Code 98101-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12806
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Westfield PAC

Mailing Address 11601 Wilshire Blvd
Suite 1200

City Los Angeles State CA Zip Code 90025-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12437
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
1300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

634082.47

10020262713

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Thomas Algie

Transaction ID: 00316.E12539
Date of Disbursement

Mailing Address 2705 W 86th Street

MM / DD / YYYY
03 / 10 / 2010

City State Zip Code
Leawood KS 66206-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

B.

Full Name (Last, First, Middle Initial)
Thomas Algie

Transaction ID: 00316.E12540
Date of Disbursement

Mailing Address 2705 W 86th Street

MM / DD / YYYY
03 / 10 / 2010

City State Zip Code
Leawood KS 66206-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

C.

Full Name (Last, First, Middle Initial)
Nicholas Allard

Transaction ID: 00316.E12541
Date of Disbursement

Mailing Address 3211 R Street Nw

MM / DD / YYYY
03 / 10 / 2010

City State Zip Code
Washington DC 20007-

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

SUBTOTAL of Disbursements This Page (optional) ▶

5400.00

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

10020262714

**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 169 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Laurence Allen</p> <p>Mailing Address 43 Maple Avenue</p> <p>City Greenwich State CT Zip Code 06830-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: 00316.E12542</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Paul Allen</p> <p>Mailing Address 8763 Preston Place</p> <p>City Chevy Chase State MD Zip Code 20815-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: 00316.E11967</p> <p>Date of Disbursement MM / DD / YYYY 02 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Wright Andrews</p> <p>Mailing Address 8008 Algarve St</p> <p>City McLean State VA Zip Code 22102-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: 00316.E11977</p> <p>Date of Disbursement MM / DD / YYYY 02 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>5200.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

10020262715

**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 170 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) Georgia Angelos		Transaction ID: 00316.E12553 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 16450 York Road		Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Monkton MD 21111-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

Full Name (Last, First, Middle Initial) Peter Angelos		Transaction ID: 00316.E11978 Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
Mailing Address 100 North Charles Street Suite 2200		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Baltimore MD 21201-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

Full Name (Last, First, Middle Initial) Maria Antoniou		Transaction ID: 00316.E12556 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 21-15 21st Avenue		Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City State Zip Code Astoria NY 11105-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 010

SUBTOTAL of Disbursements This Page (optional) ▶	7100.00
TOTAL This Period (last page this line number only) ▶	(Blank)

10020262716

**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 171 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Ramani Ayer</p>	<p>Transaction ID: 00316.E11984 Date of Disbursement</p>
<p>Mailing Address 22 Pasture Ln</p>	<p><input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 02 / 11 / 2010</p>
<p>City State Zip Code West Simsbury CT 06092-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p>2300.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Charles Baker</p>	<p>Transaction ID: 00316.E11985 Date of Disbursement</p>
<p>Mailing Address 179 Clinton Road</p>	<p><input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 02 / 11 / 2010</p>
<p>City State Zip Code Brookline MA 2445 -</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p>2400.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>010 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Charles Baker</p>	<p>Transaction ID: 00316.E11986 Date of Disbursement</p>
<p>Mailing Address 179 Clinton Road</p>	<p><input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 02 / 11 / 2010</p>
<p>City State Zip Code Brookline MA 2445 -</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p>600.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:</p>	<p>010 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262717

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Alexander R. Baldwin		Transaction ID: 00316.E12483 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address c/o Stephen Smith & Company 509 Madison Avenue		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10022-		
Purpose of Disbursement Refund of Contribution Refund of Contrib	010 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	August 2010 Primary	

B. Full Name (Last, First, Middle Initial) Alexander R. Baldwin		Transaction ID: 00316.E11987 Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
Mailing Address c/o Stephen Smith & Company 509 Madison Avenue		Amount of Each Disbursement this Period 1700.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10022-		
Purpose of Disbursement Refund of Contribution Refund of Contrib	010 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

C. Full Name (Last, First, Middle Initial) Claudio Ballard		Transaction ID: 00316.E12560 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 6 Dubon Court		Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Farmingdale State NY Zip Code 11735-		
Purpose of Disbursement Refund of Contribution Refund of Contrib	010 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	

10020262718

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Benjamin Barnes

Mailing Address 98 San Jacinto Blvd.
Suite 1400

City Austin State TX Zip Code 78701-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12563
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Elena Barnes

Mailing Address 98 San Jacinto
Suite 1400

City Austin State TX Zip Code 78701-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12562
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Melanie Barnes

Mailing Address 98 San Jacinto Blvd.
Suite 1400

City Austin State TX Zip Code 78701-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11988
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

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

10020262719

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Laura Bazarian

Mailing Address 121 Warncke Rd

City Wilton State CT Zip Code 06897-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11989
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Richard Beattie

Mailing Address 1136 5th Avenue

City New York State NY Zip Code 10128-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11990
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Reinier Beeuwkes

Mailing Address 1360 Monument Street

City Concord State MA Zip Code 01742-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12564
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

10020262720

**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 175 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Leonard Bell	Transaction ID: 00316.E12565 Date of Disbursement 03 / 10 / 2010
Mailing Address 59 Tumblebrook Road	Amount of Each Disbursement this Period 2400.00
City Woodbridge State CT Zip Code 06525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.

Full Name (Last, First, Middle Initial) Jay Steven Benet	Transaction ID: 00316.E12567 Date of Disbursement 03 / 10 / 2010
Mailing Address 22 Emily Way	Amount of Each Disbursement this Period 2400.00
City West Hartford State CT Zip Code 06107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.

Full Name (Last, First, Middle Initial) Daniel Berger	Transaction ID: 00316.E12569 Date of Disbursement 03 / 10 / 2010
Mailing Address 1622 Locust Street	Amount of Each Disbursement this Period 2400.00
City Philadelphia State PA Zip Code 19103-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

10020262721

**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 176 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Harriet Berger	Transaction ID: 00316.E12568 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 4101 Timber Lane	Amount of Each Disbursement this Period 2400.00
	City Philadelphia State PA Zip Code 19129-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Andy F. Bessette	Transaction ID: 00316.E12461 Date of Disbursement MM / DD / YYYY 03 / 04 / 2010
	Mailing Address 825 Willow View Drive	Amount of Each Disbursement this Period 1000.00
	City Orono State MN Zip Code 55356-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Richard Bieder	Transaction ID: 00316.E11992 Date of Disbursement MM / DD / YYYY 02 / 11 / 2010
	Mailing Address 19 Millertown Road	Amount of Each Disbursement this Period 2400.00
	City Bedford State NY Zip Code 10506-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5800.00
TOTAL This Period (last page this line number only)	

10020262722

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

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

Transaction ID: 00316.E11993
Date of Disbursement

Mailing Address 19 Millertown Road

MM / DD / YYYY
02 / 11 / 2010

City State Zip Code
Bedford NY 10506-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

B.

Full Name (Last, First, Middle Initial)
Leon Black

Transaction ID: 00316.E11994
Date of Disbursement

Mailing Address c/o Apollo Management
9 West 57th Street, 43rd Floor

MM / DD / YYYY
02 / 11 / 2010

City State Zip Code
New York NY 10019-

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

C.

Full Name (Last, First, Middle Initial)
William Bloom

Transaction ID: 00316.E12462
Date of Disbursement

Mailing Address 1579 Diamond Lake Road

MM / DD / YYYY
03 / 04 / 2010

City State Zip Code
Glastonbury CT 06033-

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

SUBTOTAL of Disbursements This Page (optional) ▶

6700.00

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

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
William Bloss

Mailing Address 1165 Great Hill Road

City Guilford State CT Zip Code 06437-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00323.E12810
Date of Disbursement
03 / 11 / 2010

Amount of Each Disbursement this Period
2200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Francisco Borges

Mailing Address 2 Northington Way

City Farmington State CT Zip Code 06032-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E11995
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Francisco Borges

Mailing Address 2 Northington Way

City Farmington State CT Zip Code 06032-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E11996
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

10020262724

**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 179 / 373

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Peter Borish

Mailing Address 115 Cenral Park West
Apt 4C

City New York State NY Zip Code 10023-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11997
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
1700.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Jeffrey Bortniker

Mailing Address 4 Cob Drive

City Westport State CT Zip Code 06880-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11998
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Jeffrey Bortniker

Mailing Address 4 Cob Drive

City Westport State CT Zip Code 06880-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12485
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

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

10020262725

**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 180 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Kenneth Bowler

Mailing Address 11532 Manorstone Lane

City Columbia State MD Zip Code 21044-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12000
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Kenneth Bowler

Mailing Address 11532 Manorstone Lane

City Columbia State MD Zip Code 21044-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E11999
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Kathleen Brandt

Mailing Address 79 Mountain Rd

City Redding State CT Zip Code 06896-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12575
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
750.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3350.00

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

10020262726

**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 181 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Peter Briger

Mailing Address 25 Field Point Circle

City Greenwich State CT Zip Code 06830-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00319.E12630
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
1400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Paul Broder

Mailing Address 80 Mount Grey Road

City Setauket State NY Zip Code 11733-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00323.E12812
Date of Disbursement
MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period
1800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Kenneth Brody

Mailing Address 2991 Woodland Drive NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12001
Date of Disbursement
MM / DD / YYYY
02 / 11 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5600.00

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

10020262727

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Kenneth Brody

Mailing Address 2991 Woodland Drive NW

City Washington State DC Zip Code 20006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12002
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Susan Brophy

Mailing Address 4903 Rock Spring Rd

City Arlington State VA Zip Code 22207-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12003
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
1600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Frank Brosens

Mailing Address 63 East Field Dr

City Bedford State NY Zip Code 10506-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12004
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6100.00

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

10020262728

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Carlos Brunet

Mailing Address Ave Andalucia 506

City San Juan State PR Zip Code 920 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12580
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Bernard Buonanno

Mailing Address 45 Loring Ave

City Providence State RI Zip Code 02906-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12009
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Bernard Buonanno

Mailing Address 45 Loring Ave

City Providence State RI Zip Code 02906-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12006
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5300.00

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

10020262730

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Heidi Buonanno</p>	<p>Transaction ID: 00316.E12007 Date of Disbursement</p>
<p>Mailing Address 45 Loring Ave</p>	<p><input type="checkbox"/> 02 / <input type="checkbox"/> 11 / <input type="checkbox"/> 2010</p>
<p>City Providence State RI Zip Code 02906-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> 2300.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type: 010</p>
<p>B. Full Name (Last, First, Middle Initial) Linda Buonanno</p>	<p>Transaction ID: 00316.E12008 Date of Disbursement</p>
<p>Mailing Address 1405 N. Dearborn Parkway</p>	<p><input type="checkbox"/> 02 / <input type="checkbox"/> 11 / <input type="checkbox"/> 2010</p>
<p>City Chicago State IL Zip Code 60610-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> 2300.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type: 010</p>
<p>C. Full Name (Last, First, Middle Initial) Bureau of Public Debt</p>	<p>Transaction ID: 00324.E12868 Date of Disbursement</p>
<p>Mailing Address ATT: Dept G P.O. Box 2188</p>	<p><input type="checkbox"/> 03 / <input type="checkbox"/> 15 / <input type="checkbox"/> 2010</p>
<p>City Parkersburg State WV Zip Code 26106-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund deceased d</p>	<p><input type="checkbox"/> 2300.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type: 010</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ <input type="checkbox"/> 6900.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262731

**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)

17
 20a
 18
 20b
 19a
 20c
 19b
 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Bureau of Public Debt

Mailing Address ATT: Dept G
P.O. Box 2188

City Parkersburg State WV Zip Code 26106-

Purpose of Disbursement
Refund of Contribution Refund deceased d

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00324.E12871
Date of Disbursement
MM / DD / YYYY
03 / 23 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Bureau of Public Debt

Mailing Address ATT: Dept G
P.O. Box 2188

City Parkersburg State WV Zip Code 26106-

Purpose of Disbursement
Refund of Contribution Refund deceased d

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00324.E12870
Date of Disbursement
MM / DD / YYYY
03 / 15 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Bureau of Public Debt

Mailing Address ATT: Dept G
P.O. Box 2188

City Parkersburg State WV Zip Code 26106-

Purpose of Disbursement
Refund of Contribution Refund deceased d

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00324.E12869
Date of Disbursement
MM / DD / YYYY
03 / 15 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

10020262732

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
James Kevin Burns

Mailing Address 17 West Haycock Point Road

City Branford State CT Zip Code 06405-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12581
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
450.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Ellen Camhi

Mailing Address 50 Arnold Drive

City Stamford State CT Zip Code 06905-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12011
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Timothy Campbell

Mailing Address 1492 Commonwealth Street

City Prescott State AZ Zip Code 86301-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12013
Date of Disbursement
02 / 11 / 2010

Amount of Each Disbursement this Period
1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 2650.00

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

10020262733

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Charles Campion		Transaction ID: 00316.E12014 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 2 / 1 1 / 2 0 1 0
Mailing Address 284 Dean Rd		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Brookline State MA Zip Code 02445-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type

B. Full Name (Last, First, Middle Initial) Kent Caperton		Transaction ID: 00316.E12015 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 2 / 1 1 / 2 0 1 0
Mailing Address 4231 Unit A-3 Westlake Drive		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Austin State TX Zip Code 78746-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type

C. Full Name (Last, First, Middle Initial) Catherine Cardelucci		Transaction ID: 00316.E12017 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 2 / 1 1 / 2 0 1 0
Mailing Address 455 Cabrillo Center		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Corona Del Mar State CA Zip Code 92625-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6600.00
TOTAL This Period (last page this line number only) ▶	(Empty)

10020262734

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Mark Cardelucci</p>	<p>Transaction ID: 00316.E12018 Date of Disbursement</p>
<p>Mailing Address 455 Cabrillo Terrace</p>	<p><input type="checkbox"/> 02 / <input type="checkbox"/> 11 / <input type="checkbox"/> 2010</p>
<p>City State Zip Code Corona Del Mar CA 92625-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> 2300.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	
<p>B. Full Name (Last, First, Middle Initial) Stephen Cardi</p>	<p>Transaction ID: 00316.E12019 Date of Disbursement</p>
<p>Mailing Address 45 Burns Way</p>	<p><input type="checkbox"/> 02 / <input type="checkbox"/> 12 / <input type="checkbox"/> 2010</p>
<p>City State Zip Code East Greenwich RI 02818-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> 900.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	
<p>C. Full Name (Last, First, Middle Initial) Charles Carey</p>	<p>Transaction ID: 00316.E12020 Date of Disbursement</p>
<p>Mailing Address 5210 Howard Ave</p>	<p><input type="checkbox"/> 02 / <input type="checkbox"/> 12 / <input type="checkbox"/> 2010</p>
<p>City State Zip Code Western Springs IL 60558-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> 1800.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="checkbox"/> 5000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="checkbox"/></p>

10020262735

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

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

FOR LINE NUMBER:
(check only one)

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17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Benjamin Carpenter

Mailing Address 22 Round Hill Club Rd

City Greenwich State CT Zip Code 06831-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12021
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
1900.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Sean Carroll

Mailing Address 11 Old Barn Road

City Trumbull State CT Zip Code 06611-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12582
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Victor Casella

Mailing Address 17 Seaview Avenue

City Branford State CT Zip Code 06405-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12583
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3200.00

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

10020262736

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
John Patrick Casey

Mailing Address 48 Ice Pond Road

City Westerly State RI Zip Code 02891-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12024
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
John Patrick Casey

Mailing Address 48 Ice Pond Road

City Westerly State RI Zip Code 02891-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12025
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
James S. Chanos

Mailing Address 20 West 55th Street, 8th Floor

City New York State NY Zip Code 10019-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12487
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4900.00

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

10020262737

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) James S. Chanos</p> <p>Mailing Address 20 West 55th Street, 8th Floor</p> <p>City New York State NY Zip Code 10019-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>		<p>Transaction ID: 00316.E12486 Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Wayne Chapin</p> <p>Mailing Address 13216 W 55th Terrace</p> <p>City Shawnee State KS Zip Code 66216-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>		<p>Transaction ID: 00316.E12585 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) David R. Chapman</p> <p>Mailing Address 19 Jenda Way</p> <p>City Madison State CT Zip Code 06443-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>		<p>Transaction ID: 00316.E12586 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>5400.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

10020262738

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
James Chapman

Mailing Address 81 Farm Hill Road

City Wallingford State CT Zip Code 06492-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12027
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
1200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Cheryl A. Chase

Mailing Address 84 High Ridge Road

City West Hartford State CT Zip Code 06117-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12028
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Cheryl A. Chase

Mailing Address 84 High Ridge Road

City West Hartford State CT Zip Code 06117-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12029
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
1400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

10020262739

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Benjamin Cheek

Mailing Address 1855 Orchard Drive

City Clarkesville State GA Zip Code 30523-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12588
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Louis Chenevert

Mailing Address 8 Atwater Terrace

City Farmington State CT Zip Code 06032-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12030
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
1800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Anthony Chiasson

Mailing Address 537 Steamboat Road Suite 400

City Greenwich State CT Zip Code 06830-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12031
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5200.00

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

10020262740

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Neil Chriss</p> <p>Mailing Address 240 Riverside Blvd #19A</p>	<p>Transaction ID: 00316.E12590 Date of Disbursement 03 / 10 / 2010</p>
<p>City New York State NY Zip Code 10069-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Carlos Cigarroa</p> <p>Mailing Address 702 E Calron Road Suite 101</p>	<p>Transaction ID: 00316.E12591 Date of Disbursement 03 / 10 / 2010</p>
<p>City Laredo State TX Zip Code 78041-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Melissa Cigarroa</p> <p>Mailing Address P.O. Box 2649</p>	<p>Transaction ID: 00316.E12033 Date of Disbursement 02 / 12 / 2010</p>
<p>City Laredo State TX Zip Code 78044-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 5400.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262741

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Melissa Cigarroa

Mailing Address P.O. Box 2649

City Laredo State TX Zip Code 78044-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12489
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Ricardo Cigarroa

Mailing Address P.O. Box 2649

City Laredo State TX Zip Code 78044-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12032
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Ricardo Cigarroa

Mailing Address P.O. Box 2649

City Laredo State TX Zip Code 78044-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12488
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7200.00

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

10020262742

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Peter Cimini

Mailing Address 71 Hunters Ridge

City Rocky Hill State CT Zip Code 6067 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12034
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
750.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Gail Citrin

Mailing Address 740 West Road

City New Canaan State CT Zip Code 06840-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12595
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Jerome Claeys

Mailing Address 880 N Green Bay Rd

City Lake Forest State IL Zip Code 60045-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Transaction ID: 00316.E12490
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4650.00

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

10020262743

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
John Clifford

Mailing Address 12712 Diamond Drive

City Burnsville State MN Zip Code 55337-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12596
Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

1700.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Sanford Cloud

Mailing Address 25 Mountain Spring Rd

City Farmington State CT Zip Code 06032-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12037
Date of Disbursement

02 / 12 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Sanford Cloud

Mailing Address 25 Mountain Spring Rd

City Farmington State CT Zip Code 06032-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Transaction ID: 00316.E12038
Date of Disbursement

02 / 12 / 2010

Amount of Each Disbursement this Period

700.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4700.00

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

10020262744

**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 199 / 373

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Martha Cochran

Mailing Address 3800 Fordham Rd

City Washington State DC Zip Code 20016-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12039
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Martha Cochran

Mailing Address 3800 Fordham Rd

City Washington State DC Zip Code 20016-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12040
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Michele Cogan

Mailing Address PO Box 11599

City St Thomas State VI Zip Code 00801-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12041
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6700.00

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

10020262745

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Craig Cogut

Mailing Address 49 Mayfair

City Greenwich State CT Zip Code 06831-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12042
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Bruce Cohen

Mailing Address 1248 W. Wrightwood

City Chicago State IL Zip Code 60614-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12597
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
900.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
John Cohlman

Mailing Address 241 Kenlyn Rd

City Palm Beach State FL Zip Code 33480-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12043
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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

10020262746

**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 201 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Louisa Cohan

Mailing Address 241 Kenlyn Rd

City Palm Beach State FL Zip Code 33480-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12044
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Betsy Cohn

Mailing Address 50 Devine Street

City North Haven State CT Zip Code 06473-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12045
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Christopher Cole

Mailing Address 226 Hopewell-Amwell Road

City Hopewell State NJ Zip Code 08525-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12046
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

10020262747

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Nancy Colizzo</p> <p>Mailing Address 120 Georgetown Road</p>	<p>Transaction ID: 00316.E12047 Date of Disbursement 02 / 12 / 2010</p>	
<p>City West Newbury State MA Zip Code 01985-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Michael Connor</p> <p>Mailing Address 6404 High Dr</p> <p>City Mission Hills State KS Zip Code 66208-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p>	<p>Transaction ID: 00316.E12051 Date of Disbursement 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2050.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Michael Connor</p> <p>Mailing Address 6404 High Dr</p> <p>City Mission Hills State KS Zip Code 66208-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00316.E12600 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>4750.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262748

**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 203 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Eric Cooper	Transaction ID: 00316.E12603
	Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 1924 Longridge Road	Amount of Each Disbursement this Period 250.00
City Stamford State CT Zip Code 06903-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B. Full Name (Last, First, Middle Initial) Rodney Cooper	Transaction ID: 00316.E12601
	Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 205 Ridge View Lane	Amount of Each Disbursement this Period 2400.00
City Roanoke State TX Zip Code 76262-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C. Full Name (Last, First, Middle Initial) Arthur Coppola	Transaction ID: 00316.E12053
	Date of Disbursement MM / DD / YYYY 02 / 12 / 2010
Mailing Address PO Box 2172	Amount of Each Disbursement this Period 2400.00
City Santa Monica State CA Zip Code 90407-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:	

SUBTOTAL of Disbursements This Page (optional)	5050.00
TOTAL This Period (last page this line number only)	

10020262749

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Arthur Coppola

Mailing Address PO Box 2172

City State Zip Code
Santa Monica CA 90407-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12054
Date of Disbursement

MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Randall Costa

Mailing Address 2407 Bennett Ave

City State Zip Code
Evanston IL 60201-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Transaction ID: 00316.E12491
Date of Disbursement

MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Randall Costa

Mailing Address 2407 Bennett Ave

City State Zip Code
Evanston IL 60201-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12055
Date of Disbursement

MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4900.00

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

10020262750

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Gregory Craig

Mailing Address 3155 Highland Place, NW

City Washington State DC Zip Code 20008-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12057
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Michael Critelli

Mailing Address 39 Shields Road

City Darien State CT Zip Code 06820-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12060
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
1200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Michael Cucchiara

Mailing Address 81 Meadow Ridge Lane

City Chapel Hill State NC Zip Code 27517-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

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

State: District:

Transaction ID: 00316.E12604
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4100.00

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

10020262751

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Patricia Cummings</p> <p>Mailing Address 32-47 108th St</p>	<p>Transaction ID: 00316.E12605 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p>
<p>City East Elmhurst State NY Zip Code 11369-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) William E. Cunningham</p> <p>Mailing Address 81 Woodpond Road</p>	<p>Transaction ID: 00316.E12607 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p>
<p>City Cheshire State CT Zip Code 06410-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Raymond Damato</p> <p>Mailing Address 240 New State Road</p>	<p>Transaction ID: 00316.E12062 Date of Disbursement MM / DD / YYYY 02 / 12 / 2010</p>
<p>City Manchester State CT Zip Code 06040-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary</p>	<p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>	<p>2900.00</p>

10020262752

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Raymond Damato</p> <p>Mailing Address 240 New State Road</p>	<p>Transaction ID: 00316.E12061 Date of Disbursement 02 / 12 / 2010</p>
<p>City Manchester State CT Zip Code 06040-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Bal Das</p> <p>Mailing Address 510 East 80 Street Apt. 14E</p>	<p>Transaction ID: 00316.E12492 Date of Disbursement 03 / 10 / 2010</p>
<p>City New York State NY Zip Code 10021-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Angelo DeFazio</p> <p>Mailing Address 120 Indian Hill Road</p>	<p>Transaction ID: 00316.E12064 Date of Disbursement 02 / 12 / 2010</p>
<p>City Canton State CT Zip Code 06019-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 4400.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262753

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Christopher Delong

Mailing Address 23 Dickel Rd

City Scarsdale State NY Zip Code 10583-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12065
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Michelle Delong

Mailing Address 23 Dickel Rd

City Scarsdale State NY Zip Code 10583-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12066
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Denise Delucia

Mailing Address 527 Wolf Hill Road

City Huntington Station State NY Zip Code 11746-5745

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12612
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6600.00

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

10020262754

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
Jeffrey R. Digel

Mailing Address 24 Van Buren Avenue

City West Hartford State CT Zip Code 06107-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12067
Date of Disbursement
MM / DD / YYYY
02 / 12 / 2010

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B. Full Name (Last, First, Middle Initial)
Jeffrey R. Digel

Mailing Address 24 Van Buren Avenue

City West Hartford State CT Zip Code 06107-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12613
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

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

Mailing Address 206 Nayatt Road

City Barrington State RI Zip Code 2806 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12614
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3600.00

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

10020262755

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Julie Domenick</p>	<p>Transaction ID: 00316.E12069 Date of Disbursement</p>
<p>Mailing Address 315 C Street NE</p>	<p><input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 02 / 12 / 2010</p>
<p>City Washington State DC Zip Code 20002-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p>2400.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Colin Dowling</p>	<p>Transaction ID: 00316.E12071 Date of Disbursement</p>
<p>Mailing Address 4975 Rockwood Parkway NW</p>	<p><input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 02 / 12 / 2010</p>
<p>City Washington State DC Zip Code 20016-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p>2100.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>010 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Robert Downey</p>	<p>Transaction ID: 00323.E12818 Date of Disbursement</p>
<p>Mailing Address 755 Park Avenue</p>	<p><input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y Y 03 / 12 / 2010</p>
<p>City New York State NY Zip Code 10021-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p>2200.00</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:</p>	<p>010 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6700.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

10020262756

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Thomas Downey

Mailing Address 1225 I Street NW
Suite 600

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00323.E12819
Date of Disbursement
03 / 12 / 2010

Amount of Each Disbursement this Period
1300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Millard Drexler

Mailing Address 770 Broadway
12th Floor

City New York State NY Zip Code 10003-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12072
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Peggy Drexler

Mailing Address 770 Broadway
12th Floor

City New York State NY Zip Code 10003-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12073
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5900.00

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

10020262757

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Glenn Dubin

Transaction ID: 00316.E12074
Date of Disbursement

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

Mailing Address C/O Highbridge Capital
9 West 57th St.

Amount of Each Disbursement this Period

2100.00

City State Zip Code
New York NY 10019-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Katherine Duhamel

Transaction ID: 00316.E12075
Date of Disbursement

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

Mailing Address 4 Verona Place

Amount of Each Disbursement this Period

2300.00

City State Zip Code
Corte Madera CA 94925-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
William Duhamel

Transaction ID: 00316.E12076
Date of Disbursement

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

Mailing Address 4 Verona Place

Amount of Each Disbursement this Period

2300.00

City State Zip Code
Corte Madera CA 94925-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6700.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) A. John Eastman		Transaction ID: 00316.E12078 Date of Disbursement MM / DD / YYYY 02 / 12 / 2010	
Mailing Address 120 East End Ave		Amount of Each Disbursement this Period 300.00	
City New York State NY Zip Code 10023-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Eastman		Transaction ID: 00316.E12077 Date of Disbursement MM / DD / YYYY 02 / 12 / 2010	
Mailing Address 120 East End Ave		Amount of Each Disbursement this Period 1800.00	
City New York State NY Zip Code 10023-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary		

Full Name (Last, First, Middle Initial) C. Harriet Ebers		Transaction ID: 00316.E12079 Date of Disbursement MM / DD / YYYY 02 / 12 / 2010	
Mailing Address 535 E 86th St		Amount of Each Disbursement this Period 2300.00	
City New York State NY Zip Code 10028-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4400.00
TOTAL This Period (last page this line number only) ▶	4400.00

10020262759

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Richard Ebers

Mailing Address 535 E 86th St

City New York State NY Zip Code 10028-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12080
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Dick Ebersol

Mailing Address 147 Prospect St

City Litchfield State CT Zip Code 06759-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:
August 2010 Primary

Transaction ID: 00316.E12082
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Dick Ebersol

Mailing Address 147 Prospect St

City Litchfield State CT Zip Code 06759-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12081
Date of Disbursement
02 / 12 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7100.00

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

10020262760

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Blair Effron

Transaction ID: 00319.E12617
Date of Disbursement

Mailing Address 830 Park Avenue 10B

MM / DD / YYYY
03 / 10 / 2010

City State Zip Code
New York NY 10021-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Kathryn Emmett

Transaction ID: 00316.E12084
Date of Disbursement

Mailing Address 47 Old Long Ridge Road

MM / DD / YYYY
02 / 22 / 2010

City State Zip Code
Stamford CT 06903-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

C.

Full Name (Last, First, Middle Initial)
Kathryn Emmett

Transaction ID: 00316.E12083
Date of Disbursement

Mailing Address 47 Old Long Ridge Road

MM / DD / YYYY
02 / 22 / 2010

City State Zip Code
Stamford CT 06903-

Amount of Each Disbursement this Period

2200.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

SUBTOTAL of Disbursements This Page (optional) ▶

5600.00

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

10020262761

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Bonnie Englebardt		Transaction ID: 00319.E12619 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 475 5th Avenue Room 1200		Amount of Each Disbursement this Period 1700.00	
City New York State NY Zip Code 10017-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		010 Category/Type	
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

B. Full Name (Last, First, Middle Initial) Irwin Ettinger		Transaction ID: 00319.E12621 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 631 Long Ridge Road #40		Amount of Each Disbursement this Period 1700.00	
City Stamford State CT Zip Code 06902-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		010 Category/Type	
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

C. Full Name (Last, First, Middle Initial) Robert Evans		Transaction ID: 00319.E12622 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 100 First Stamford Place		Amount of Each Disbursement this Period 2400.00	
City Stamford State CT Zip Code 06902-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		010 Category/Type	
		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	

SUBTOTAL of Disbursements This Page (optional) ▶	5800.00
TOTAL This Period (last page this line number only) ▶	_____

10020262762

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Philip Falcone

Mailing Address 555 Madison Ave
16th floor

City New York State NY Zip Code 10022-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12086
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Alfonso Fanjul

Mailing Address Office Of The Chairman
1 North Clematis Street

City West Palm Beach State FL Zip Code 33401-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12087
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Jana Fant

Mailing Address 2949 Chevy Chase Dr

City Houston State TX Zip Code 77019-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12623
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5800.00

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

10020262763

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) A. Andrew Farkas		Transaction ID: 00316.E12088 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010	
Mailing Address P.O. Box 1417		Amount of Each Disbursement this Period 2300.00	
City Greenville State SC Zip Code 29602-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> 010 Category/ Type	

Full Name (Last, First, Middle Initial) B. Daniel Fass		Transaction ID: 00316.E12089 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010	
Mailing Address 8 Cathlow Drive		Amount of Each Disbursement this Period 2400.00	
City Riverside State CT Zip Code 06878-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> 010 Category/ Type	

Full Name (Last, First, Middle Initial) C. Daniel Fass		Transaction ID: 00323.E12820 Date of Disbursement MM / DD / YYYY 03 / 12 / 2010	
Mailing Address 8 Cathlow Drive		Amount of Each Disbursement this Period 100.00	
City Riverside State CT Zip Code 06878-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	<input type="checkbox"/> 010 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4800.00
TOTAL This Period (last page this line number only) ▶

10020262764

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Joel T. Faxon

Mailing Address 38 Old Farm Hill Road

City Newtown State CT Zip Code 06470-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010
Candidate Name

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

State: District:

Transaction ID: 00316.E12493
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Joel T. Faxon

Mailing Address 38 Old Farm Hill Road

City Newtown State CT Zip Code 06470-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010
Candidate Name

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

State: District: August 2010 Primary

Transaction ID: 00316.E12090
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Carl S. Feen

Mailing Address 791 Tummel Lane

City West Haven State CT Zip Code 06516-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010
Candidate Name

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

State: District:

Transaction ID: 00319.E12624
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 5050.00

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

10020262765

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
Stephen Finger

Mailing Address 307 Wynswept Point

City Seneca State SC Zip Code 29672-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12093
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
1800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

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

Mailing Address 776 Boylston Street

City Boston State MA Zip Code 2119 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12094
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

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

Mailing Address 171 Heath Street

City Chestnut Hill State MA Zip Code 02467-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12626
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4800.00

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

10020262766

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Jay S. Fishman

Transaction ID: 00316.E12095
Date of Disbursement

Mailing Address c/o St Paul Travelers
One Tower Square

MM / DD / YYYY
02 / 22 / 2010

City Hartford State CT Zip Code 06183-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Jay S. Fishman

Transaction ID: 00316.E12096
Date of Disbursement

Mailing Address c/o St Paul Travelers
One Tower Square

MM / DD / YYYY
02 / 22 / 2010

City Hartford State CT Zip Code 06183-

Amount of Each Disbursement this Period

1050.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

C.

Full Name (Last, First, Middle Initial)
Randy L. Fishman

Transaction ID: 00316.E12097
Date of Disbursement

Mailing Address c/o St Paul Travelers
One Tower Square

MM / DD / YYYY
02 / 22 / 2010

City Hartford State CT Zip Code 06183-

Amount of Each Disbursement this Period

1050.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 222 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Randy L. Fishman	Transaction ID: 00316.E12098 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address c/o St Paul Travelers One Tower Square	Amount of Each Disbursement this Period 2400.00
	City Hartford State CT Zip Code 06183-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/ Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Donald Fowler	Transaction ID: 00316.E12101 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 2725 Devine Street	Amount of Each Disbursement this Period 1300.00
	City Columbia State SC Zip Code 29205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/ Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Jonathan Fraade	Transaction ID: 00316.E12102 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 54 Lords Highway	Amount of Each Disbursement this Period 800.00
	City Weston State CT Zip Code 06883-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/ Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

10020262768

**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 223 / 373

17
20a 18
20b 19a
20c 19b
21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
James Free

Mailing Address 1401 K Street NW
No. 1200

City Washington State DC Zip Code 20005-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010
Candidate Name Category/ Type

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

State: District:

Transaction ID: 00316.E12103
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

Mailing Address 213 Tryon St

City South Glastonbury State CT Zip Code 06073-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010
Candidate Name Category/ Type

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

State: District:

Transaction ID: 00316.E12104
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

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

Mailing Address 213 Tryon St

City South Glastonbury State CT Zip Code 06073-

Purpose of Disbursement
Refund of Contribution Refund of Contrib 010
Candidate Name Category/ Type

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

State: District:

Transaction ID: 00316.E12105
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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

10020262769

**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 224 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Susan Freedman

Mailing Address 213 Tryon Street

City South Glastonbury State CT Zip Code 06073-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12106
Date of Disbursement
02 / 22 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
John Freeman

Mailing Address 110 Seventy Acre Road

City Redding State CT Zip Code 06896-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12628
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
John Freidenrich

Mailing Address 300 Hamilton Avenue
4th Floor

City Palo Alto State CA Zip Code 94301-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00323.E12821
Date of Disbursement
03 / 12 / 2010

Amount of Each Disbursement this Period
2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

10020262770

**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 225 / 373	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Richard Friedman	Transaction ID: 00316.E12107 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 20 University Road	Amount of Each Disbursement this Period 2400.00
	City Cambridge State MA Zip Code 2138 -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Richard Friedman	Transaction ID: 00316.E12108 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 20 University Road	Amount of Each Disbursement this Period 2400.00
	City Cambridge State MA Zip Code 2138 -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:	

C.	Full Name (Last, First, Middle Initial) Brad Friedmutter	Transaction ID: 00316.E12109 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 9016 Bald Eagle Drive	Amount of Each Disbursement this Period 2300.00
	City Las Vegas State NV Zip Code 89134-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	7100.00
TOTAL This Period (last page this line number only)	

1002026271

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) A. Samuel Furseth		Transaction ID: 00319.E12631 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 5820 Oakwood Road		Amount of Each Disbursement this Period 2300.00	
City Shawnee Mission State KS Zip Code 66208-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/ Type 010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) B. Anthony Gaglio		Transaction ID: 00316.E12495 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address c/o Viking Construction 1387 Seaview Avenue		Amount of Each Disbursement this Period 2400.00	
City Bridgeport State CT Zip Code 06607-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/ Type 010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: District:	August 2010 Primary		

Full Name (Last, First, Middle Initial) C. Anthony Gaglio		Transaction ID: 00316.E12111 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010	
Mailing Address c/o Viking Construction 1387 Seaview Avenue		Amount of Each Disbursement this Period 2400.00	
City Bridgeport State CT Zip Code 06607-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/ Type 010	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

SUBTOTAL of Disbursements This Page (optional) ▶	7100.00
TOTAL This Period (last page this line number only) ▶	7100.00

1002026272

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Keith Gallant</p> <p>Mailing Address 1 Reservoir Street</p>	<p>Transaction ID: 00406.E12884 Date of Disbursement 03 / 31 / 2010</p>	
<p>City State Zip Code New Haven CT 06511-</p> <p>Purpose of Disbursement Refund of Contribution Through Act Blue</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B. Full Name (Last, First, Middle Initial) David Ganek</p> <p>Mailing Address 655 Third Avenue 16th Floor</p> <p>City State Zip Code New York NY 10017-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 00316.E12112 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C. Full Name (Last, First, Middle Initial) Renee Gant</p> <p>Mailing Address 4800 N Federal Highway Ste 205A</p> <p>City State Zip Code Boca Raton FL 33431-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 00316.E12113 Date of Disbursement 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>3800.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262773

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Robert Gartland</p> <p>Mailing Address 136 Cove Neck Road</p> <p>City Oyster Bay State NY Zip Code 11771-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00316.E12115 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Eleftheria Gavalas</p> <p>Mailing Address 21-54 21st Street</p> <p>City Astoria State NY Zip Code 11105-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00319.E12634 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Nick Gavalas</p> <p>Mailing Address 209 Wesst 87h Street</p> <p>City New York State NY Zip Code 10024-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00319.E12632 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262774

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

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

FOR LINE NUMBER:
(check only one)

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<input 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 Chris Dodd

Full Name (Last, First, Middle Initial) A. Stamatios Gavalas		Transaction ID: 00319.E12633 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 40 Chestnut Street Unit 70		Amount of Each Disbursement this Period 2400.00	
City New Haven State CT Zip Code 06511-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> 010 Category/ Type	

Full Name (Last, First, Middle Initial) B. Peter W. Gillies		Transaction ID: 00319.E12636 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 429 Ridge Road		Amount of Each Disbursement this Period 250.00	
City Middletown State CT Zip Code 06457-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> 010 Category/ Type	

Full Name (Last, First, Middle Initial) C. Rona Ginott		Transaction ID: 00319.E12637 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 650 Lake Avenue		Amount of Each Disbursement this Period 600.00	
City Greenwich State CT Zip Code 06830-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> 010 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

10020262775

**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 230 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

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

Mailing Address 381 Webbs Hill Road

City Stamford State CT Zip Code 06903-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12638
Date of Disbursement 03 / 10 / 2010

Amount of Each Disbursement this Period 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B. Full Name (Last, First, Middle Initial)
Sharon A. Glick

Mailing Address 381 Webbs Hill Road

City Stamford State CT Zip Code 06903-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12639
Date of Disbursement 03 / 10 / 2010

Amount of Each Disbursement this Period 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

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

Mailing Address 16375 Shadow Mountain Dr

City Pacific Palisades State CA Zip Code 90272-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12118
Date of Disbursement 02 / 22 / 2010

Amount of Each Disbursement this Period 1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

10020262776

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Irving Goldblum</p> <p>Mailing Address 30 Nutmeg Drive</p>	<p>Transaction ID: 00319.E12640 Date of Disbursement 03 / 10 / 2010</p>
<p>City Trumbull State CT Zip Code 06611-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Avrom Goldfeder</p> <p>Mailing Address 6030 North Bernard</p>	<p>Transaction ID: 00316.E12119 Date of Disbursement 02 / 22 / 2010</p>
<p>City Chicago State IL Zip Code 60659-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Batsheva Goldfeder</p> <p>Mailing Address 6030 North Bernard</p>	<p>Transaction ID: 00316.E12120 Date of Disbursement 02 / 22 / 2010</p>
<p>City Chicago State IL Zip Code 60659-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 6200.00</p> <p>TOTAL This Period (last page this line number only) ▶</p>	

10020262777

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Russell Goldsmith

Mailing Address 400 No Roxbury Dr

City Beverly Hills State CA Zip Code 90210-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12121
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Richard Gonzalez

Mailing Address Dorado Beach Estate #19

City Dorado State PR Zip Code 646 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12648
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Suzanne Goodson

Mailing Address 1830 Kelton Avenue
Apt 10

City Los Angeles State CA Zip Code 90025-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12649
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5800.00

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

10020262778

**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 233 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Suzanne Goodson	Transaction ID: 00316.E12122 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 1830 Kelton Avenue Apt 10	Amount of Each Disbursement this Period 200.00
	City Los Angeles State CA Zip Code 90025-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	

B.	Full Name (Last, First, Middle Initial) Theodore Gould	Transaction ID: 00316.E12123 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address Echo Hill Farm Po Box 5564	Amount of Each Disbursement this Period 2300.00
	City Charlottesville State VA Zip Code 22905-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Michael Gray	Transaction ID: 00316.E12125 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address PO Box 6202	Amount of Each Disbursement this Period 2300.00
	City Metairie State LA Zip Code 70009-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4800.00
TOTAL This Period (last page this line number only)	

10020262779

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Alan Green	Transaction ID: 00316.E12126 Date of Disbursement 02 / 22 / 2010
	Mailing Address 40 Glen Ave	Amount of Each Disbursement this Period 2400.00
	City Newton State MA Zip Code 02459-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Micah Green	Transaction ID: 00316.E12127 Date of Disbursement 02 / 22 / 2010
	Mailing Address 10413 Democracy Lane	Amount of Each Disbursement this Period 1000.00
	City Potomac State MD Zip Code 20854-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: August 2010 Primary	

C.	Full Name (Last, First, Middle Initial) Micah Green	Transaction ID: 00316.E12128 Date of Disbursement 02 / 22 / 2010
	Mailing Address 10413 Democracy Lane	Amount of Each Disbursement this Period 2400.00
	City Potomac State MD Zip Code 20854-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <input type="checkbox"/>
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5800.00
TOTAL This Period (last page this line number only)	

10020262780

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

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

FOR LINE NUMBER:
(check only one)

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17
 20a
 18
 20b
 19a
 20c
 19b
 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Arnold C. Greenberg</p> <p>Mailing Address 61 S. Main Street #211</p>	<p>Transaction ID: 00316.E12133 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p>
<p>City West Hartford State CT Zip Code 06107-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period 750.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) David Greenberg</p> <p>Mailing Address 8 Wright Street</p> <p>City Westport State CT Zip Code 06881-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00319.E12653 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) David Greenberg</p> <p>Mailing Address 8 Wright Street</p> <p>City Westport State CT Zip Code 06881-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p>	<p>Transaction ID: 00316.E12132 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 3350.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262781

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Myrna Greenberg

Mailing Address 1120 5th Ave
Apt 10c

City New York State NY Zip Code 10128-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12131
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Stewart Greenfield

Mailing Address 279 Sturges Highway

City Westport State CT Zip Code 06880-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12134
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Robert Greifeld

Mailing Address One Liberty Plaza
165 Broadway

City New York State NY Zip Code 10006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12135
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 2900.00

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

10020262782

**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 237 / 373

17 18 19a 19b
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Robert Greifeld

Mailing Address One Liberty Plaza
165 Broadway

City New York State NY Zip Code 10006-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12654
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Richard Grossman

Mailing Address 150 White Plains Road

City Tarrytown State NY Zip Code 10591-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12138
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
1700.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Paul Haaga

Mailing Address 1743 Fairmount Ave

City La Canada Flintrid State CA Zip Code 91011-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12139
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
1700.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5800.00

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

10020262783

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Paul Haaga

Mailing Address 1743 Fairmount Ave

City La Canada Flintrid State CA Zip Code 91011-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12655
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Theodore Hack

Mailing Address 1314 21st St S

City Arlington State VA Zip Code 22202-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12140
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
1100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Myrna Haft

Mailing Address 25 Knollwood Drive

City Greenwich State CT Zip Code 06830-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12141
Date of Disbursement
MM / DD / YYYY
02 / 22 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3900.00

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

10020262784

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Myrna Haft</p> <p>Mailing Address 25 Knollwood Drive</p>	<p>Transaction ID: 00316.E12497 Date of Disbursement 03 / 10 / 2010</p>
<p>City Greenwich State CT Zip Code 06830-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) George Hall</p> <p>Mailing Address 2 Browns Dock Road</p> <p>City Rumson State NJ Zip Code 07760-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary</p>	<p>Transaction ID: 00316.E12498 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lori Hall</p> <p>Mailing Address 6 East 69th Street</p> <p>City New York State NY Zip Code 10021-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 00319.E12656 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5600.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

10020262785

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

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

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Peter J. Halvordson</p>	<p>Transaction ID: 00319.E12657 Date of Disbursement</p>
<p>Mailing Address 287 Judson Avenue</p>	<p>MM / DD / YYYY 03 / 10 / 2010</p>
<p>City State Zip Code Mystic CT 06355-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>600.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) William P. Hannon</p>	<p>Transaction ID: 00319.E12658 Date of Disbursement</p>
<p>Mailing Address 15 Arthur Court</p>	<p>MM / DD / YYYY 03 / 10 / 2010</p>
<p>City State Zip Code Demarest NJ 07627-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>1700.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>010 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Jane Hartley</p>	<p>Transaction ID: 00316.E12142 Date of Disbursement</p>
<p>Mailing Address 820 Park Avenue</p>	<p>MM / DD / YYYY 02 / 22 / 2010</p>
<p>City State Zip Code New York NY 10021-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>1100.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:</p>	<p>010 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3400.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

10020262786

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Jane Hartley</p> <p>Mailing Address 820 Park Avenue</p>	<p>Transaction ID: 00316.E12143 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p>
<p>City State Zip Code New York NY 10021-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Joseph Hassett</p> <p>Mailing Address 555 -13th St NW</p>	<p>Transaction ID: 00316.E12144 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p>
<p>City State Zip Code Washington DC 20004-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Joseph Hassett</p> <p>Mailing Address 555 -13th St NW</p>	<p>Transaction ID: 00316.E12145 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010</p>
<p>City State Zip Code Washington DC 20004-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 800.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262787

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Bruce Haverberg</p>	<p>Transaction ID: 00323.E12823 Date of Disbursement</p>
<p>Mailing Address 128 Middlesex Road</p>	<p>MM / DD / YYYY 03 / 12 / 2010</p>
<p>City State Zip Code Chestnut Hill MA 02467-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>500.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type 010</p>
<p>B. Full Name (Last, First, Middle Initial) Albert Hawk</p>	<p>Transaction ID: 00319.E12659 Date of Disbursement</p>
<p>Mailing Address 12017 Wetherfield Lane</p>	<p>MM / DD / YYYY 03 / 10 / 2010</p>
<p>City State Zip Code Potomac MD 20854-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>2400.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type 010</p>
<p>C. Full Name (Last, First, Middle Initial) Kelley Hawk</p>	<p>Transaction ID: 00319.E12660 Date of Disbursement</p>
<p>Mailing Address 12017 Wetherfield Lane</p>	<p>MM / DD / YYYY 03 / 10 / 2010</p>
<p>City State Zip Code Potomac MD 20854-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>2300.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type 010</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

10020262788

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial)
Celia Hegyi

Mailing Address C/O William Burton
245 Park Avenue

City New York State NY Zip Code 10167-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District:

Transaction ID: 00319.E12661
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

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

Mailing Address 216 Park Street NE

City Vienna State VA Zip Code 22180-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District:

Transaction ID: 00319.E12662
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

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

Mailing Address 216 Park Street NE

City Vienna State VA Zip Code 22180-

Purpose of Disbursement Refund of Contribution Refund of Contrib
Candidate Name

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

State: District:

Transaction ID: 00319.E12663
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

10020262789

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

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

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 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) William H. Heyman</p> <p>Mailing Address 133 East 64th Street #4B</p>	<p>Transaction ID: 00323.E12824 Date of Disbursement 03 / 12 / 2010</p>
<p>City New York State NY Zip Code 10065-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Tania Higgins</p> <p>Mailing Address 66 E 79th Street Apt 7</p>	<p>Transaction ID: 00319.E12664 Date of Disbursement 03 / 10 / 2010</p>
<p>City New York State NY Zip Code 10075-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Vincent Hodes</p> <p>Mailing Address 2415 W 67th St</p>	<p>Transaction ID: 00316.E12146 Date of Disbursement 02 / 22 / 2010</p>
<p>City Mission Hills State KS Zip Code 66205-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2050.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	<p>5950.00</p>

10020262790

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Vincent Hodes

Transaction ID: 00319.E12665
Date of Disbursement

Mailing Address 2415 W 67th St

MM / DD / YYYY
03 / 10 / 2010

City State Zip Code
Mission Hills KS 66205-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
James Hodge

Transaction ID: 00316.E12147
Date of Disbursement

Mailing Address 1740 Arch Avenue, SW

MM / DD / YYYY
02 / 22 / 2010

City State Zip Code
Seattle WA 98116-

Amount of Each Disbursement this Period

1800.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Bernard Hollander

Transaction ID: 00316.E12148
Date of Disbursement

Mailing Address 6245 N. Central Park

MM / DD / YYYY
02 / 22 / 2010

City State Zip Code
Chicago IL 60659-

Amount of Each Disbursement this Period

1900.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6100.00

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

10020262791

**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 246 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Mark Hollander	Transaction ID: 00316.E12149 Date of Disbursement MM / DD / YYYY 02 / 22 / 2010
	Mailing Address 6130 North Central Park Ave	Amount of Each Disbursement this Period 2300.00
	City Chicago State IL Zip Code 60659-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) James Horwitz	Transaction ID: 00319.E12666 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 24 Oak Hill Lane	Amount of Each Disbursement this Period 2200.00
	City Woodbridge State CT Zip Code 06525-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Edward Hosp	Transaction ID: 00316.E12152 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 1401 Roseland Dr	Amount of Each Disbursement this Period 2400.00
	City Birmingham State AL Zip Code 35209-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

10020262792

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Arthur House

Mailing Address 137 East Wetogue

City Simsbury State CT Zip Code 06070-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12153
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Amount of Each Disbursement this Period
450.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Joanne Hoye

Mailing Address 83 Meadow Lane

City West Hartford State CT Zip Code 06107-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12154
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Amount of Each Disbursement this Period
2350.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Chikao Hsu

Mailing Address

City State Zip Code

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12667
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
1600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4400.00

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

10020262793

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Michael Irvine

Mailing Address 15269 Bucks Run Drive

City Woodbine State MD Zip Code 21797-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12671
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Michael Israelite

Mailing Address 2250 North Point #6

City San Francisco State CA Zip Code 94123-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12168
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Stanley Israelite

Mailing Address 4 Capri Drive

City Norwich State CT Zip Code 06360-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12167
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3600.00

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

10020262794

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Michael Jackson

Mailing Address 177 Sabbaday Lane

City Washington Depot State CT Zip Code 06794-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12672
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Michael Jackson

Mailing Address 177 Sabbaday Lane

City Washington Depot State CT Zip Code 06794-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12169
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Claudia James

Mailing Address 3167 N. 19th St

City Arlington State VA Zip Code 22201-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12171
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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

10020262795

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Douglas Johnson

Mailing Address 1165 Park Avenue #6C

City New York State NY Zip Code 10128-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12673
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Douglas Johnson

Mailing Address 1165 Park Avenue #6C

City New York State NY Zip Code 10128-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12172
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Douglas Johnson

Mailing Address 1165 Park Avenue #6C

City New York State NY Zip Code 10128-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12173
Date of Disbursement
02 / 24 / 2010

Amount of Each Disbursement this Period
200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 2600.00

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

10020262796

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Richard A. Johnston</p> <p>Mailing Address 43 Monument Avenue</p>	<p>Transaction ID: 00316.E12174 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010</p>
<p>City State Zip Code Boston MA 02129-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1350.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Thomas Jolly</p> <p>Mailing Address 1201 F Street NW Suite 500</p>	<p>Transaction ID: 00316.E12175 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010</p>
<p>City State Zip Code Washington DC 20004-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Vernon Jordan</p> <p>Mailing Address 1333 New Hampshire Avenue NW</p>	<p>Transaction ID: 00316.E12176 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010</p>
<p>City State Zip Code Washington DC 20036-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 3050.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262797

**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 252 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Vernon Jordan	Transaction ID: 00319.E12675 Date of Disbursement 03 / 10 / 2010
	Mailing Address 1333 New Hampshire Avenue NW	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Bernard KBuonanno	Transaction ID: 00316.E12010 Date of Disbursement 02 / 11 / 2010
	Mailing Address 2700 Bank Boston Plaza	Amount of Each Disbursement this Period 2300.00
	City Providence State RI Zip Code 02903-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Christine Kalemkeridis	Transaction ID: 00316.E12177 Date of Disbursement 02 / 24 / 2010
	Mailing Address 48-29 92nd St	Amount of Each Disbursement this Period 2400.00
	City Elmhurst State NY Zip Code 11373-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	5700.00
TOTAL This Period (last page this line number only)	

10020262798

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Christine Kalemkeridis</p> <p>Mailing Address 48-29 92nd St</p> <p>City Elmhurst State NY Zip Code 11373-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: August 2010 Primary</p>		<p>Transaction ID: 00323.E12825</p> <p>Date of Disbursement MM / DD / YYYY 03 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Petros Kalemkeridis</p> <p>Mailing Address 48-29 92nd St</p> <p>City Elmhurst State NY Zip Code 11373-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>		<p>Transaction ID: 00316.E12178</p> <p>Date of Disbursement MM / DD / YYYY 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Petros Kalemkeridis</p> <p>Mailing Address 48-29 92nd St</p> <p>City Elmhurst State NY Zip Code 11373-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: August 2010 Primary</p>		<p>Transaction ID: 00323.E12826</p> <p>Date of Disbursement MM / DD / YYYY 03 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>2600.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

10020262799

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) Jason Karp		Transaction ID: 00316.E12181 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 2 / 2 4 / 2 0 1 0	
Mailing Address 326 Round Hill Rd		Amount of Each Disbursement this Period 2300.00	
City Greenwich State CT Zip Code 06831-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type 010	

Full Name (Last, First, Middle Initial) Edith Karsky		Transaction ID: 00319.E12676 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 3 / 1 0 / 2 0 1 0	
Mailing Address 1320 Berlin Turnpike # 516		Amount of Each Disbursement this Period 250.00	
City Wethersfield State CT Zip Code 06109-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type 010	

Full Name (Last, First, Middle Initial) M. Farooq Kathwari		Transaction ID: 00316.E12182 Date of Disbursement M M / D D / Y Y Y Y Y Y 0 2 / 2 4 / 2 0 1 0	
Mailing Address 7 Premium Point		Amount of Each Disbursement this Period 2300.00	
City New Rochelle State NY Zip Code 10801-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		Category/Type 010	

SUBTOTAL of Disbursements This Page (optional) ▶	4850.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

10020262800

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Derek Kaufman</p>	<p>Transaction ID: 00316.E12502 Date of Disbursement</p>
<p>Mailing Address 98 Round Hill Rd</p>	<p>03 / 10 / 2010</p>
<p>City Greenwich State CT Zip Code 6831 -</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>2400.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p>	<p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Jurate Kazickas</p>	<p>Transaction ID: 00316.E12503 Date of Disbursement</p>
<p>Mailing Address 15 E 92nd Street</p>	<p>03 / 10 / 2010</p>
<p>City New York State NY Zip Code 10128-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>2400.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p>	<p>010 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Jurate Kazickas</p>	<p>Transaction ID: 00316.E12183 Date of Disbursement</p>
<p>Mailing Address 15 E 92nd Street</p>	<p>02 / 24 / 2010</p>
<p>City New York State NY Zip Code 10128-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p>2400.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>010 Category/ Type</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

10020262801

**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 256 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Arthur Keiser</p> <p>Mailing Address 6069 NW 87th Avenue</p>	<p>Transaction ID: 00319.E12677 Date of Disbursement 03 / 10 / 2010</p>
<p>City Parkland State FL Zip Code 33067-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib <input type="checkbox"/> 010 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Edmund Kelly</p> <p>Mailing Address 315 Wellesley St</p> <p>City Weston State MA Zip Code 2493 -</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib <input type="checkbox"/> 010 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary</p>	<p>Transaction ID: 00316.E12184 Date of Disbursement 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Edmund Kelly</p> <p>Mailing Address 315 Wellesley St</p> <p>City Weston State MA Zip Code 2493 -</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib <input type="checkbox"/> 010 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 00316.E12185 Date of Disbursement 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 3700.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262802

**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 257 / 373	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Peter Kelly	Transaction ID: 00316.E12187 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 1 State House Square Suite 2400	Amount of Each Disbursement this Period 2400.00
	City Hartford State CT Zip Code 06103-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	

B.	Full Name (Last, First, Middle Initial) Peter Kelly	Transaction ID: 00316.E12186 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 1 State House Square Suite 2400	Amount of Each Disbursement this Period 2400.00
	City Hartford State CT Zip Code 06103-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Robert Kennedy	Transaction ID: 00316.E12189 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 66 Meadow Lane	Amount of Each Disbursement this Period 1100.00
	City West Hartford State CT Zip Code 06107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	

SUBTOTAL of Disbursements This Page (optional)	5900.00
TOTAL This Period (last page this line number only)	

10020262803

**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 258 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Robert Kennedy	Transaction ID: 00316.E12188 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 66 Meadow Lane	Amount of Each Disbursement this Period 2300.00
	City West Hartford State CT Zip Code 06107-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Barbara Kennelly	Transaction ID: 00316.E12190 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 95 Scarborough St	Amount of Each Disbursement this Period 2300.00
	City Hartford State CT Zip Code 6105 -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Robert Kerrey	Transaction ID: 00319.E12679 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 21 W 11th Street	Amount of Each Disbursement this Period 2400.00
	City New York State NY Zip Code 10011-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

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

10020262804

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Murray Kessler

Transaction ID: 00316.E12191
Date of Disbursement

Mailing Address 14 Middle Patent Road

MM / DD / YYYY
02 / 24 / 2010

City State Zip Code
Armonk NY 10504-

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Marci Klein

Transaction ID: 00316.E12192
Date of Disbursement

Mailing Address 1620 26th St
Ste 1040

MM / DD / YYYY
02 / 24 / 2010

City State Zip Code
Santa Monica CA 90404-

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Nancy Klemm

Transaction ID: 00316.E12194
Date of Disbursement

Mailing Address 11 Berkeley Street

MM / DD / YYYY
02 / 24 / 2010

City State Zip Code
Cambridge MA 2138 -

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

SUBTOTAL of Disbursements This Page (optional)

7000.00

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 260 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Nancy Klemm	Transaction ID: 00316.E12193 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 11 Berkeley Street	Amount of Each Disbursement this Period 2400.00
	City Cambridge State MA Zip Code 2138 -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Russell Klenet	Transaction ID: 00316.E12196 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 333 N New River Drive E Suite 2000	Amount of Each Disbursement this Period 200.00
	City Ft Lauderdale State FL Zip Code 33301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	

C.	Full Name (Last, First, Middle Initial) Russell Klenet	Transaction ID: 00323.E12828 Date of Disbursement MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 333 N New River Drive E Suite 2000	Amount of Each Disbursement this Period 100.00
	City Ft Lauderdale State FL Zip Code 33301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

10020262806

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) John Kluge</p> <p>Mailing Address 89 Middle Road</p> <p>City Palm Beach State FL Zip Code 33480-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12195</p> <p>Date of Disbursement MM / DD / YYYY 02 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jordan Kokkoris</p> <p>Mailing Address 163 Canterbury Gate</p> <p>City Lynbrook State NY Zip Code 11563-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00319.E12680</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Venetia Kokkoris</p> <p>Mailing Address 163 Canterbury Gate</p> <p>City Lynbrook State NY Zip Code 11563-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00319.E12681</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p> <p>TOTAL This Period (last page this line number only) ▶</p>	
<p>7100.00</p>	

10020262807

**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 262 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Doris Konover	Transaction ID: 00316.E12197 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 21261 Harrow Court	Amount of Each Disbursement this Period 2300.00
	City Boca Raton State FL Zip Code 33433-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Simon Konover	Transaction ID: 00316.E12198 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 51 Tumblebrook Ln	Amount of Each Disbursement this Period 2300.00
	City West Hartford State CT Zip Code 06117-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Simon Konover	Transaction ID: 00316.E12199 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
	Mailing Address 51 Tumblebrook Ln	Amount of Each Disbursement this Period 2400.00
	City West Hartford State CT Zip Code 06117-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:	

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

10020262808

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

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Michael Koskoff</p> <p>Mailing Address 3 Driftwood Pt. Rd.</p>	<p>Transaction ID: 00316.E12200 Date of Disbursement 02 / 24 / 2010</p>
<p>City Westport State CT Zip Code 6880 -</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Orin Kramer</p> <p>Mailing Address 600 Madison Avenue 18th Floor</p>	<p>Transaction ID: 00316.E12201 Date of Disbursement 02 / 24 / 2010</p>
<p>City New York State NY Zip Code 10022-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Edward Kratovil</p> <p>Mailing Address 3300 North Vermont</p>	<p>Transaction ID: 00316.E12202 Date of Disbursement 02 / 24 / 2010</p>
<p>City Arlington State VA Zip Code 22207-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 7100.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262809

**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 264 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Carl R. Kuehner</p> <p>Mailing Address 901 Main Avenue #600</p>	<p>Transaction ID: 00319.E12682 Date of Disbursement 03 / 10 / 2010</p>
<p>City Norwalk State CT Zip Code 06851-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paul J. Kuehner</p> <p>Mailing Address 384 West Lane</p>	<p>Transaction ID: 00319.E12683 Date of Disbursement 03 / 10 / 2010</p>
<p>City Ridgefield State CT Zip Code 06877-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Thomas Kunkel</p> <p>Mailing Address 85 Northgate</p>	<p>Transaction ID: 00319.E12684 Date of Disbursement 03 / 10 / 2010</p>
<p>City Avon State CT Zip Code 06001-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 2900.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262810

**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 265 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Jeffrey Kurzweil

Mailing Address 809 Olde Georgetown Ct

City State Zip Code
Great Falls VA 22066-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12203

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

1600.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Kathleen Lacey

Mailing Address 630 Park Avenue

City State Zip Code
New York NY 10021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12685

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Cory Lagerstrom

Mailing Address 6630 Rainbow Ave

City State Zip Code
Mission Hills KS 66208-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12205

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

2050.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4650.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Cory Lagerstrom

Mailing Address 6630 Rainbow Ave

City Mission Hills State KS Zip Code 66208-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12686
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Ann Lamont

Mailing Address 4 Ashton Drive

City Greenwich State CT Zip Code 06831-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12206
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Edward Lamont

Mailing Address 4 Ashton Drive

City Greenwich State CT Zip Code 06831-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12207
Date of Disbursement
MM / DD / YYYY
02 / 24 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

10020262812

**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 267 / 373

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

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Robert A. Landino		Transaction ID: 00316.E12209 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
Mailing Address 18 East Liberty Street		Amount of Each Disbursement this Period 1200.00
City Chester State CT Zip Code 06412-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial) Robert A. Landino		Transaction ID: 00316.E12208 Date of Disbursement MM / DD / YYYY 02 / 24 / 2010
Mailing Address 18 East Liberty Street		Amount of Each Disbursement this Period 2400.00
City Chester State CT Zip Code 06412-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial) Sheppard Lane		Transaction ID: 00319.E12687 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 4524 Bocaire Blvd		Amount of Each Disbursement this Period 2400.00
City Boca Raton State FL Zip Code 33487-1155	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	[]

10020262813

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Christine Lancoe

Transaction ID: 00316.E12210

Date of Disbursement

02 / 25 / 2010

Mailing Address 445 Park Avenue
Suite 1401

City New York State NY Zip Code 10022-

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Alan B. Lazowski

Transaction ID: 00316.E12211

Date of Disbursement

02 / 25 / 2010

Mailing Address 1010 Prospect Avenue

City Hartford State CT Zip Code 06105-

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Keatjin Lee

Transaction ID: 00316.E12213

Date of Disbursement

02 / 25 / 2010

Mailing Address 219 Uncas Point Road

City Guilford State CT Zip Code 06437-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

5300.00

TOTAL This Period (last page this line number only) ▶

10020262814

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Keatjin Lee

Transaction ID: 00316.E12504

Date of Disbursement

03 / 10 / 2010

Mailing Address 219 Uncas Point Road

Amount of Each Disbursement this Period

2400.00

City State Zip Code
Guilford CT 06437-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

B.

Full Name (Last, First, Middle Initial)

Mary Leptourgos

Transaction ID: 00319.E12689

Date of Disbursement

03 / 10 / 2010

Mailing Address 8810 34th Avenue
Apt 2B

Amount of Each Disbursement this Period

2400.00

City State Zip Code
Jackson Heights NY 11372-2411

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Miltiadis Leptourgos

Transaction ID: 00319.E12690

Date of Disbursement

03 / 10 / 2010

Mailing Address 8810 34th Avenue
Apt 2B

Amount of Each Disbursement this Period

2400.00

City State Zip Code
Jackson Heights NY 11372-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7200.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Norman Leventhal	Transaction ID: 00316.E12215 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	Mailing Address 12 Sloans Curve	Amount of Each Disbursement this Period 2400.00
	City State Zip Code Palm Beach FL 33480-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Jay Levin	Transaction ID: 00316.E12216 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	Mailing Address 23 Worthington Rd	Amount of Each Disbursement this Period 950.00
	City State Zip Code New London CT 06320-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Jonathan Levine	Transaction ID: 00319.E12692 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 242 East 19th St Apt 5F	Amount of Each Disbursement this Period 2400.00
	City State Zip Code New York NY 10003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	5750.00
TOTAL This Period (last page this line number only)	

10020262816

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Angela Leydon

Mailing Address 55 Kane Ave

City State Zip Code
Stamford CT 06905-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12694
Date of Disbursement

03 / **10** / **2010**

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Edward Linde

Mailing Address 265 Country Dr

City State Zip Code
Weston MA 2493 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Transaction ID: 00316.E12219
Date of Disbursement

02 / **25** / **2010**

Amount of Each Disbursement this Period

1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Edward Linde

Mailing Address 265 Country Dr

City State Zip Code
Weston MA 2493 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12220
Date of Disbursement

02 / **25** / **2010**

Amount of Each Disbursement this Period

2100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

TOTAL This Period (last page this line number only) ▶

10020262817

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Joyce Linde

Transaction ID: 00316.E12221
Date of Disbursement

Mailing Address 265 Country Dr

MM / DD / YYYY
02 / 25 / 2010

City State Zip Code
Weston MA 2493 -

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Helen Little

Transaction ID: 00316.E12224
Date of Disbursement

Mailing Address 1107 5th Ave

MM / DD / YYYY
02 / 25 / 2010

City State Zip Code
New York NY 10128-

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
William Little

Transaction ID: 00316.E12223
Date of Disbursement

Mailing Address 1107 5th Ave

MM / DD / YYYY
02 / 25 / 2010

City State Zip Code
New York NY 10128-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

6800.00

TOTAL This Period (last page this line number only) ▶

10020262818

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
William Little

Mailing Address 1107 5th Ave

City State Zip Code
New York NY 10128-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12222
Date of Disbursement

02 / **25** / **2010**

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Nicholas Littlefield

Mailing Address 16 Longfellow Park

City State Zip Code
Cambridge MA 02138-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12225
Date of Disbursement

02 / **25** / **2010**

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Chris Locke

Mailing Address 299 Oak Ave

City State Zip Code
San Anselmo CA 94960-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12226
Date of Disbursement

02 / **25** / **2010**

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Michael Long</p>		<p>Transaction ID: 00316.E12227 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010</p>	
<p>Mailing Address P.O. Box 157</p>		<p>Amount of Each Disbursement this Period 1100.00</p>	
<p>City Simsbury State CT Zip Code 06070-</p>	<p>Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name</p>	<p>010 Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B. Full Name (Last, First, Middle Initial) Henry Lord</p>		<p>Transaction ID: 00319.E12697 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p>	
<p>Mailing Address 313 Audubon Court</p>		<p>Amount of Each Disbursement this Period 250.00</p>	
<p>City New Haven State CT Zip Code 06510-</p>	<p>Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name</p>	<p>010 Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C. Full Name (Last, First, Middle Initial) Ioannis Loudaros</p>		<p>Transaction ID: 00319.E12698 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p>	
<p>Mailing Address 21-02 21st Avenue</p>		<p>Amount of Each Disbursement this Period 2400.00</p>	
<p>City Astoria State NY Zip Code 11102-</p>	<p>Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name</p>	<p>010 Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>3750.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>	

10020262820

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Robert Lowe	Transaction ID: 00316.E12228 Date of Disbursement 02 / 25 / 2010
	Mailing Address 11777 San Vicente Blvd Suite 900	Amount of Each Disbursement this Period 2300.00
	City Los Angeles State CA Zip Code 90049-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Andrew Lowenthal	Transaction ID: 00316.E12229 Date of Disbursement 02 / 25 / 2010
	Mailing Address 12006 River Road	Amount of Each Disbursement this Period 2400.00
	City Potomac State MD Zip Code 20854-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Andrew Lowenthal	Transaction ID: 00316.E12230 Date of Disbursement 02 / 25 / 2010
	Mailing Address 12006 River Road	Amount of Each Disbursement this Period 400.00
	City Potomac State MD Zip Code 20854-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	

10020262821

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Janine Lowy</p> <p>Mailing Address 11601 Wilshire Blvd. 12th Floor</p>	<p>Transaction ID: 00316.E12231 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010</p>
<p>City Los Angeles State CA Zip Code 90025-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Peter Lowy</p> <p>Mailing Address 11601 Wilshire Blvd 12th Floor</p>	<p>Transaction ID: 00316.E12232 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010</p>
<p>City Los Angeles State CA Zip Code 90025-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Lawrence Lucchino</p> <p>Mailing Address 8405 Greesboro Drive #700</p>	<p>Transaction ID: 00319.E12699 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p>
<p>City McLean State VA Zip Code 22102-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 1600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 6400.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262822

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) Eugene Ludwig		Transaction ID: 00316.E12233 Date of Disbursement 02 / 25 / 2010
Mailing Address C/O Promontory Financial 1201 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 2400.00
City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund of Contribution <input type="checkbox"/> Refund of Contrib <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) Ramon Lugo		Transaction ID: 00316.E12505 Date of Disbursement 03 / 10 / 2010
Mailing Address 53 Calle Palmeras Suite 801		Amount of Each Disbursement this Period 2400.00
City San Juan State PR Zip Code 00901-	<input type="checkbox"/> Refund of Contribution <input type="checkbox"/> Refund of Contrib <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	August 2010 Primary	

Full Name (Last, First, Middle Initial) Ramon Lugo		Transaction ID: 00316.E12234 Date of Disbursement 02 / 25 / 2010
Mailing Address 53 Calle Palmeras Suite 801		Amount of Each Disbursement this Period 2400.00
City San Juan State PR Zip Code 00901-	<input type="checkbox"/> Refund of Contribution <input type="checkbox"/> Refund of Contrib <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	7200.00
TOTAL This Period (last page this line number only) ▶	[]

10020262823

**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 278 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Patrick Lyons</p> <p>Mailing Address 7 Landsdowne St</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00316.E12235 Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Patrick Lyons</p> <p>Mailing Address 7 Landsdowne St</p> <p>City Boston State MA Zip Code 02215-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00319.E12701 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 800.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Brian W. MacLean</p> <p>Mailing Address 51 Crest Drive</p> <p>City Vernon State CT Zip Code 06066-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 00316.E12236 Date of Disbursement 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262824

**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 279 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Brian W. MacLean	Transaction ID: 00323.E12832 Date of Disbursement MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 51 Crest Drive	Amount of Each Disbursement this Period 1900.00
	City State Zip Code Vernon CT 06066-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Richard Machado	Transaction ID: 00319.E12702 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 100 Juan A Corretjer Apt 707	Amount of Each Disbursement this Period 2100.00
	City State Zip Code San Juan PR 901 -	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Anne Mai	Transaction ID: 00323.E12833 Date of Disbursement MM / DD / YYYY 03 / 12 / 2010
	Mailing Address 50 Cornwall Lane	Amount of Each Disbursement this Period 2200.00
	City State Zip Code Port Washington NY 11050-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6200.00
TOTAL This Period (last page this line number only)	

10020262825

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Vincent Mai	Transaction ID: 00323.E12834 Date of Disbursement 03 / 12 / 2010
	Mailing Address 50 Cornwall Lane	Amount of Each Disbursement this Period 2200.00
	City Port Washington State NY Zip Code 11050-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> 010 Category/ Type

B.	Full Name (Last, First, Middle Initial) Anthony Malkin	Transaction ID: 00316.E12239 Date of Disbursement 02 / 25 / 2010
	Mailing Address 60 East 42nd St 26th Floor	Amount of Each Disbursement this Period 2400.00
	City New York State NY Zip Code 10165-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> 010 Category/ Type

C.	Full Name (Last, First, Middle Initial) Anthony Malkin	Transaction ID: 00316.E12240 Date of Disbursement 02 / 25 / 2010
	Mailing Address 60 East 42nd St 26th Floor	Amount of Each Disbursement this Period 2400.00
	City New York State NY Zip Code 10165-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	<input type="checkbox"/> 010 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

10020262826

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Peter Malkin	Transaction ID: 00316.E12238 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
Mailing Address 60 East 42nd St	Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10165-	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.

Full Name (Last, First, Middle Initial) Peter Malkin	Transaction ID: 00316.E12237 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
Mailing Address 60 East 42nd St	Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10165-	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:	

C.

Full Name (Last, First, Middle Initial) Rachelle Malkin	Transaction ID: 00316.E12242 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
Mailing Address 60 East 42nd St 26th Floor	Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10165-	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

10020262827

**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 282 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Rachelle Malkin	Transaction ID: 00316.E12241 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
Mailing Address 60 East 42nd St 26th Floor	Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10165-	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary

B.

Full Name (Last, First, Middle Initial) William Malugen	Transaction ID: 00319.E12703 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 20 White Pine Lane	Amount of Each Disbursement this Period 1200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City West Hartford State CT Zip Code 06107-	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.

Full Name (Last, First, Middle Initial) David Manafort	Transaction ID: 00316.E12243 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
Mailing Address 149 Linden Dr	Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Berlin State CT Zip Code 06037-	
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5900.00
TOTAL This Period (last page this line number only)	

10020262828

**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 283 / 373	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) James Manafort	Transaction ID: 00316.E12244 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	Mailing Address P O Box 99	Amount of Each Disbursement this Period 2300.00
	City Plainville State CT Zip Code 06062-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Lauren Manafort	Transaction ID: 00316.E12245 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	Mailing Address 18 Metacommet Road	Amount of Each Disbursement this Period 1400.00
	City Farmington State CT Zip Code 06032-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) William Manafort	Transaction ID: 00316.E12246 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	Mailing Address 151 Warner Road	Amount of Each Disbursement this Period 2300.00
	City Berlin State CT Zip Code 06037-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

10020262829

**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 284 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Peter Marku	Transaction ID: 00316.E12507 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 19 Westwood Drive	Amount of Each Disbursement this Period 700.00
	City Waterford State CT Zip Code 06385-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Peter Marku	Transaction ID: 00316.E12506 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 19 Westwood Drive	Amount of Each Disbursement this Period 2000.00
	City Waterford State CT Zip Code 06385-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: August 2010 Primary	

C.	Full Name (Last, First, Middle Initial) Willard Marriott	Transaction ID: 00316.E12247 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
	Mailing Address 7124 Natelli Woods Lane	Amount of Each Disbursement this Period 2100.00
	City Bryantown State MD Zip Code 20617-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	4800.00
TOTAL This Period (last page this line number only)	

10020262830

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Andrew Martin

Transaction ID: 00319.E12704
Date of Disbursement

Mailing Address 9519 Manor Road

MM / DD / YYYY
03 / 10 / 2010

City State Zip Code
Leawood KS 68205-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
Andrew Martin

Transaction ID: 00316.E12248
Date of Disbursement

Mailing Address 9519 Manor Road

MM / DD / YYYY
02 / 25 / 2010

City State Zip Code
Leawood KS 68205-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

C.

Full Name (Last, First, Middle Initial)
Tribal Mashantucket Pequot

Transaction ID: 00319.E12705
Date of Disbursement

Mailing Address P.O. Box 3008

MM / DD / YYYY
03 / 10 / 2010

City State Zip Code
Mashantucket CT 06338-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

7200.00

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 286 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Larry L. Mathis

Mailing Address 3037 Reba Drive

City Houston State TX Zip Code 77019-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12706
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
William J. McCue

Mailing Address 140 Elbridge Road

City New Britain State CT Zip Code 06052-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12250
Date of Disbursement
02 / 25 / 2010

Amount of Each Disbursement this Period
2200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
William J. McCue

Mailing Address 140 Elbridge Road

City New Britain State CT Zip Code 06052-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12249
Date of Disbursement
02 / 25 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

10020262832

**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 287 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Michael McCurry

Mailing Address 10313 Fawcett Street

City Kensington State MD Zip Code 20895-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00323.E12835
Date of Disbursement
MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period
300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Robert McDonald

Mailing Address 6620 Cheyenne Trl.

City Edina State MN Zip Code 55439-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12251
Date of Disbursement
MM / DD / YYYY
02 / 25 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Susan Meister

Mailing Address 1 Liberty Lane

City Hampton State NH Zip Code 03842-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12252
Date of Disbursement
MM / DD / YYYY
02 / 25 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

10020262833

**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 288 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Diane Mellen

Transaction ID: 00319.E12709

Date of Disbursement

03 / 10 / 2010

Mailing Address 30 Shady Lane

City State Zip Code
Monroe CT 06468-

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Carol Melton

Transaction ID: 00316.E12253

Date of Disbursement

02 / 25 / 2010

Mailing Address 1230 27th Street NW

City State Zip Code
Washington DC 20007-3312

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Carla Meyer

Transaction ID: 00319.E12710

Date of Disbursement

03 / 10 / 2010

Mailing Address 745 Atlantic Avenue
11th Floor

City State Zip Code
Boston MA 02111-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3800.00

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 289 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Ronald Meyer

Transaction ID: 00316.E12255
Date of Disbursement

Mailing Address 1880 Century Park East
#1600

02 / 25 / 2010

City Los Angeles State CA Zip Code 90067-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

2100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Marios Michael

Transaction ID: 00319.E12711
Date of Disbursement

Mailing Address 19-16 22nd Street

03 / 10 / 2010

City Astoria State NY Zip Code 11105-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Richard Michaud

Transaction ID: 00319.E12712
Date of Disbursement

Mailing Address 18 Matteo Court

03 / 10 / 2010

City Madison State CT Zip Code 06443-

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

1500.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

10020262835

**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 290 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) John Miller	Transaction ID: 00319.E12629 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 1137 Silas Deane Hwy	Amount of Each Disbursement this Period 500.00
City Wethersfield State CT Zip Code 06109-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

B.

Full Name (Last, First, Middle Initial) Leila Mischer	Transaction ID: 00319.E12715 Date of Disbursement MM / DD / YYYY 03 / 18 / 2010
Mailing Address 3416 Chevy Chase	Amount of Each Disbursement this Period 2200.00
City Houston State TX Zip Code 77019-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

C.

Full Name (Last, First, Middle Initial) Walter Mischer	Transaction ID: 00319.E12716 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 9 Greenway Plaza Ste 2900	Amount of Each Disbursement this Period 2400.00
City Houston State TX Zip Code 77046-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

SUBTOTAL of Disbursements This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	

10020262836

**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 291 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Manish Mittal		Transaction ID: 00319.E12717 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 10 / 2010
Mailing Address 170 East 87th Street PH 1C		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10128-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 010		

B. Full Name (Last, First, Middle Initial) Mary Molano		Transaction ID: 00319.E12718 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 10 / 2010
Mailing Address 289 Greenwich Avenue		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Greenwich State CT Zip Code 06830-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 010		

C. Full Name (Last, First, Middle Initial) Gregory Mondre		Transaction ID: 00319.E12719 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 10 / 2010
Mailing Address 188 E 78th Apt 16B		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10075-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type: 010		

SUBTOTAL of Disbursements This Page (optional) ▶	3900.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

10020262837

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Laddie Montanue</p> <p>Mailing Address 619-21 Kenilworth Street</p>	<p>Transaction ID: 00319.E12720 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p>	
<p>City Philadelphia State PA Zip Code 19147-2113</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B. Full Name (Last, First, Middle Initial) Anthony Montrone</p> <p>Mailing Address 31 Helmlock Circle</p> <p>City Princeton State NJ Zip Code 08540-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12256 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C. Full Name (Last, First, Middle Initial) Lisa Montrone</p> <p>Mailing Address 31 Helmlock Circle</p> <p>City Princeton State NJ Zip Code 08540-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12257 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>7000.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262838

**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 293 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Marjorie Morrissey

Mailing Address One Linden Place

City Hartford State CT Zip Code 06106-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12259
Date of Disbursement
02 / 25 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Richard Mucci

Mailing Address 87 Northgate

City Avon State CT Zip Code 06001-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12721
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
1000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Timothy Muir

Mailing Address 5600 W 97th Street

City Overland Park State KS Zip Code 66207-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12512
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4400.00

TOTAL This Period (last page this line number only) ▶

1002026233

**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 294 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Timothy Muir	Transaction ID: 00316.E12263 Date of Disbursement 02 / 25 / 2010
	Mailing Address 5600 W 97th Street	Amount of Each Disbursement this Period 2400.00
	City Overland Park State KS Zip Code 66207-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name <input type="checkbox"/> 010 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Patrick Mulloy	Transaction ID: 00316.E12264 Date of Disbursement 02 / 25 / 2010
	Mailing Address 304 W Masonic View Ave	Amount of Each Disbursement this Period 210.00
	City Alexandria State VA Zip Code 22301-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name <input type="checkbox"/> 010 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Patrick Mulloy	Transaction ID: 00316.E12265 Date of Disbursement 02 / 25 / 2010
	Mailing Address 304 W Masonic View Ave	Amount of Each Disbursement this Period 100.00
	City Alexandria State VA Zip Code 22301-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name <input type="checkbox"/> 010 Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:	

SUBTOTAL of Disbursements This Page (optional)	2710.00
TOTAL This Period (last page this line number only)	

10020262840

**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 295 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Richard T. Mulready	Transaction ID: 00316.E12267 Date of Disbursement 02 / 25 / 2010
	Mailing Address 38 Linnard Road	Amount of Each Disbursement this Period 2400.00
	City West Hartford State CT Zip Code 06107-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name 010 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Richard T. Mulready	Transaction ID: 00316.E12266 Date of Disbursement 02 / 25 / 2010
	Mailing Address 38 Linnard Road	Amount of Each Disbursement this Period 300.00
	City West Hartford State CT Zip Code 06107-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name 010 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:	

C.	Full Name (Last, First, Middle Initial) Sheillah H. Mulready	Transaction ID: 00316.E12268 Date of Disbursement 02 / 25 / 2010
	Mailing Address 38 Linnard Road	Amount of Each Disbursement this Period 700.00
	City West Hartford State CT Zip Code 06107-	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name 010 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	3400.00
TOTAL This Period (last page this line number only)	

10020262841

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Christopher Nassetta

Mailing Address 2904 North Dinwiddie St

City Arlington State VA Zip Code 22207-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12271
Date of Disbursement
MM / DD / YYYY
02 / 25 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Madalyn Nassetta

Mailing Address 2904 North Dinwiddie St

City Arlington State VA Zip Code 22207-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12272
Date of Disbursement
MM / DD / YYYY
02 / 25 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Daniel Neidich

Mailing Address 120 E End Ave
Apt 7A

City New York State NY Zip Code 10028-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12733
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5300.00

TOTAL This Period (last page this line number only) ▶

10020262842

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Leo Nevas

Mailing Address 17 Quarter Mile Road

City Westport State CT Zip Code 06880-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12274
Date of Disbursement
M M / D D / Y Y Y Y Y Y
02 / 25 / 2010

Amount of Each Disbursement this Period
1100.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Esther Newberg

Mailing Address 220 E 72nd St
Apt 27F

City New York State NY Zip Code 10021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12278
Date of Disbursement
M M / D D / Y Y Y Y Y Y
02 / 25 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Esther Newberg

Mailing Address 220 E 72nd St
Apt 27F

City New York State NY Zip Code 10021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Transaction ID: 00316.E12279
Date of Disbursement
M M / D D / Y Y Y Y Y Y
02 / 25 / 2010

Amount of Each Disbursement this Period
1800.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5300.00

TOTAL This Period (last page this line number only) ▶

10020262843

**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 298 / 373

17 18 19a 19b
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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Costas Nioulikos

Mailing Address 10 Driftway Road

City Danbury State CT Zip Code 06811-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12735
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Susan Nioulikos

Mailing Address 10 Driftwas Road

City Danbury State CT Zip Code 06811-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12736
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Gerald M. Noonan

Mailing Address 167 Kingswood Drive

City Naugatuck State CT Zip Code 06770-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12284
Date of Disbursement
MM / DD / YYYY
02 / 25 / 2010

Amount of Each Disbursement this Period
250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5050.00

TOTAL This Period (last page this line number only) ▶

10020262844

**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 299 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Rockford Douglas Norby	Transaction ID: 00319.E12737 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address P.O. Box 3519	Amount of Each Disbursement this Period 2400.00
City Los Altos Hills State CA Zip Code 94024- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	010 Category/ Type

B.

Full Name (Last, First, Middle Initial) Gregory P. Norman	Transaction ID: 00316.E12282 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
Mailing Address 66-1 Ely Ferry Road	Amount of Each Disbursement this Period 2400.00
City Lyme State CT Zip Code 06371- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	010 Category/ Type

C.

Full Name (Last, First, Middle Initial) Gregory P. Norman	Transaction ID: 00316.E12283 Date of Disbursement MM / DD / YYYY 02 / 25 / 2010
Mailing Address 66-1 Ely Ferry Road	Amount of Each Disbursement this Period 1900.00
City Lyme State CT Zip Code 06371- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	010 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	6700.00
TOTAL This Period (last page this line number only)	

10020262845

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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 18
 20b
 19a
 20c
 19b
 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Joseph ONeil

Mailing Address 6448 Brooks Lane

City Bethesda State MD Zip Code 20816-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12287
Date of Disbursement
MM / DD / YYYY
02 / 26 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Joseph ONeil

Mailing Address 6448 Brooks Lane

City Bethesda State MD Zip Code 20816-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00412.E12985
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Joseph ONeil

Mailing Address 6448 Brooks Lane

City Bethesda State MD Zip Code 20816-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00323.E12840
Date of Disbursement
MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period
200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 2900.00

TOTAL This Period (last page this line number only) ▶

10020262846

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Christopher O'Neill		Transaction ID: 00316.E12288 Date of Disbursement MM / DD / YYYY 02 / 26 / 2010
Mailing Address 1310 19th Street NW		Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-	010 Category/ Type	
Purpose of Disbursement Refund of Contribution Refund of Contrib		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	State: District:	

B. Full Name (Last, First, Middle Initial) Christopher O'Neill		Transaction ID: 00316.E12289 Date of Disbursement MM / DD / YYYY 02 / 26 / 2010
Mailing Address 1310 19th Street NW		Amount of Each Disbursement this Period 2200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20036-	010 Category/ Type	
Purpose of Disbursement Refund of Contribution Refund of Contrib		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Candidate Name	State: District: August 2010 Primary	

C. Full Name (Last, First, Middle Initial) Norma Ortiz		Transaction ID: 00319.E12741 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address Dorado Beach Estate # 19		Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Dorado State PR Zip Code 00646-	010 Category/ Type	
Purpose of Disbursement Refund of Contribution Refund of Contrib		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	State: District:	

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

10020262847

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Norma Ortiz

Mailing Address 156 Dorado Beach East
156

City Dorado State PR Zip Code 00646-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12463
Date of Disbursement
M M / D D / Y Y Y Y Y Y
03 / 04 / 2010

Amount of Each Disbursement this Period
400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Morris Ostlin

Mailing Address 16550 Ventura Blvd.
Suite 318

City Encino State CA Zip Code 91436-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12290
Date of Disbursement
M M / D D / Y Y Y Y Y Y
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Sarah Paley

Mailing Address 21 W 11th Street

City New York State NY Zip Code 10011-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12742
Date of Disbursement
M M / D D / Y Y Y Y Y Y
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5100.00

TOTAL This Period (last page this line number only) ▶

10020262848

**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 303 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Hang Pang</p> <p>Mailing Address 89 Mallard Drive</p>	<p>Transaction ID: 00316.E12513 Date of Disbursement 03 / 10 / 2010</p>	
<p>City Greenwich State CT Zip Code 06830-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: August 2010 Primary</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Hang Pang</p> <p>Mailing Address 89 Mallard Drive</p> <p>City Greenwich State CT Zip Code 06830-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12293 Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Luke Pang</p> <p>Mailing Address 89 Mallard Drive</p> <p>City Greenwich State CT Zip Code 06830-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>State: District: August 2010 Primary</p>	<p>Transaction ID: 00316.E12514 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional)</p>		<p>7200.00</p>
<p>TOTAL This Period (last page this line number only)</p>		<p></p>

10020262849

**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 304 / 373	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Luke Pang	Transaction ID: 00316.E12291 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 89 Mallard Drive	Amount of Each Disbursement this Period 2400.00
	City Greenwich State CT Zip Code 06830- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> 010 Category/Type

B.	Full Name (Last, First, Middle Initial) Seldon Pang	Transaction ID: 00316.E12292 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 89 Mallard Drive	Amount of Each Disbursement this Period 2400.00
	City Greenwich State CT Zip Code 06830- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> 010 Category/Type

C.	Full Name (Last, First, Middle Initial) Seldon Pang	Transaction ID: 00316.E12515 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 89 Mallard Drive	Amount of Each Disbursement this Period 2400.00
	City Greenwich State CT Zip Code 06830- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	<input type="checkbox"/> 010 Category/Type

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

10020262850

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Peter Papazafirooulos

Mailing Address 2112 33rd Avenue

City Astoria State NY Zip Code 11106-4236

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12743
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Jonathan Paret

Mailing Address 307 F St NE

City Washington State DC Zip Code 20002-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12294
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
1700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Alvin Parven

Mailing Address 7 Spyglass Drive

City Avon State CT Zip Code 06001-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12744
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

TOTAL This Period (last page this line number only) ▶

10020262851

**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 306 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Robert E. Patricelli

Mailing Address 77 Hartford Road

City Simsbury State CT Zip Code 06070-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12296
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Robert E. Patricelli

Mailing Address 77 Hartford Road

City Simsbury State CT Zip Code 06070-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12295
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Cary Patterson

Mailing Address 2900 St Michael Drive
Suite 500

City Texarkana State TX Zip Code 75503-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12746
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5100.00

TOTAL This Period (last page this line number only) ▶

10020262852

**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 307 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Jeffrey Peck	Transaction ID: 00316.E12297 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 5900 Cromwell Drive	Amount of Each Disbursement this Period 2400.00
	City Bethesda State MD Zip Code 20816-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Paul Pepe	Transaction ID: 00319.E12748 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 23 E 10th St Apt 109	Amount of Each Disbursement this Period 1000.00
	City New York State NY Zip Code 10003-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Judith Perkins	Transaction ID: 00316.E12300 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 180 Assylum Street	Amount of Each Disbursement this Period 1800.00
	City Hartford State CT Zip Code 06103-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5200.00
TOTAL This Period (last page this line number only)	

10020262853

**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 308 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Nicholas Perricone	Transaction ID: 00316.E12301 Date of Disbursement 03 / 01 / 2010
	Mailing Address 49 Ridgewood Avenue	Amount of Each Disbursement this Period 2400.00
	City Madison State CT Zip Code 06443- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.	Full Name (Last, First, Middle Initial) Nicholas Perricone	Transaction ID: 00316.E12302 Date of Disbursement 03 / 01 / 2010
	Mailing Address 49 Ridgewood Avenue	Amount of Each Disbursement this Period 2400.00
	City Madison State CT Zip Code 06443- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.	Full Name (Last, First, Middle Initial) Andronicos Petrou	Transaction ID: 00324.E12880 Date of Disbursement 01 / 29 / 2010
	Mailing Address 450 Park Avenue 1901	Amount of Each Disbursement this Period 2400.00
	City New York State NY Zip Code 10002- Purpose of Disbursement Refund of Contribution Refund Excess Con Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

10020262854

**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 309 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Andronicos Petrou		Transaction ID: 00324.E12877 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 12 / 2010	
Mailing Address 450 Park Avenue 1901		Amount of Each Disbursement this Period 2400.00	
City New York State NY Zip Code 10002-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary			
Category/Type 010			

B. Full Name (Last, First, Middle Initial) Andronicos Petrou		Transaction ID: 00324.E12878 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 15 / 2010	
Mailing Address 450 Park Avenue 1901		Amount of Each Disbursement this Period 100.00	
City New York State NY Zip Code 10002-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			
Category/Type 010			

C. Full Name (Last, First, Middle Initial) Kevin Phelan		Transaction ID: 00316.E12305 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 01 / 2010	
Mailing Address 93 Lowell Road		Amount of Each Disbursement this Period 800.00	
City Wellesley Hills State MA Zip Code 02481-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:			
Category/Type 010			

SUBTOTAL of Disbursements This Page (optional)	3300.00
TOTAL This Period (last page this line number only)	

10020262855

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Dorothy Pizzella

Mailing Address 179 Clinton Rd

City State Zip Code
Brookline MA 02445-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12308

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Lisa Plepler

Mailing Address 151 E. 72nd St

City State Zip Code
New York NY 10021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12309

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Richard Plepler

Mailing Address 151 E 72nd Street

City State Zip Code
New York NY 10021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

Transaction ID: 00316.E12311

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

10020262856

**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 311 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Richard Plepler

Mailing Address 151 E 72nd Street

City State Zip Code
New York NY 10021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12310

Date of Disbursement

03 / **01** / **2010**

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Gloria Plesent

Mailing Address 24 Maple Ave

City State Zip Code
Larchmont NY 10538-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12312

Date of Disbursement

03 / **01** / **2010**

Amount of Each Disbursement this Period

1900.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Peter Prestley

Mailing Address 44 Capitol Avenue

City State Zip Code
Hartford CT 06106-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12751

Date of Disbursement

03 / **10** / **2010**

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4450.00

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 312 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Jo-Ann Price

Mailing Address 1 Kings Hwy

City Chester State CT Zip Code 06412-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12317
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Michael Price

Mailing Address 1 Kings Hwy

City Chester State CT Zip Code 06412-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12315
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Michael Price

Mailing Address 1 Kings Hwy

City Chester State CT Zip Code 06412-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12316
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6600.00

TOTAL This Period (last page this line number only) ▶

10020262858

**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 313 / 373

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Michael Pyles

Transaction ID: 00316.E12517
Date of Disbursement

Mailing Address 1555 W Montana Street
Apt. 4-N

MM / DD / YYYY
03 / 10 / 2010

City Chicago State IL Zip Code 60614-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

B.

Full Name (Last, First, Middle Initial)
Kieran Quinn

Transaction ID: 00316.E12320
Date of Disbursement

Mailing Address 404 Brentwood Dr NE

MM / DD / YYYY
03 / 01 / 2010

City Atlanta State GA Zip Code 30305-

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
Thomas Quinn

Transaction ID: 00316.E12319
Date of Disbursement

Mailing Address 575 7th St NW

MM / DD / YYYY
03 / 01 / 2010

City Washington State DC Zip Code 20004-

Amount of Each Disbursement this Period

1200.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

3200.00

TOTAL This Period (last page this line number only)

10020262859

**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 314 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Steven Raby	Transaction ID: 00319.E12752 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 1603 Greenwyche Road SE#	Amount of Each Disbursement this Period 2200.00
	City Huntsville State AL Zip Code 35801-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Lindsay Radliff	Transaction ID: 00319.E12753 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 18587 Ridgview	Amount of Each Disbursement this Period 2400.00
	City Olathe State KS Zip Code 66062-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Carolyn Rainer	Transaction ID: 00316.E12321 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1014 Canyon Road	Amount of Each Disbursement this Period 2300.00
	City Santa Fe State NM Zip Code 87501-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

10020262860

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

William Rainer

Mailing Address 1014 Canyon Road

City State Zip Code
Santa Fe NM 87501-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12322

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Augusto Ramos

Mailing Address 302 Lake Louise Court

City State Zip Code
Laredo TX 78041-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12323

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Augusto Ramos

Mailing Address 302 Lake Louise Court

City State Zip Code
Laredo TX 78041-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12518

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4900.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Robert Reardon</p> <p>Mailing Address 95 Quarry Dock Rd</p> <p>City Niantic State CT Zip Code 06357-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>		<p>Transaction ID: 00319.E12754 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Scott Rechler</p> <p>Mailing Address 58 Hoaglands Lane</p> <p>City Glen Head State NY Zip Code 11545-2008</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>		<p>Transaction ID: 00316.E12326 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Scott Reiman</p> <p>Mailing Address 575 S Elizabeth Street</p> <p>City Denver State CO Zip Code 80209-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>		<p>Transaction ID: 00316.E12328 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p> <p>TOTAL This Period (last page this line number only)</p>		<p>5900.00</p>

10020262862

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) John Remondi	Transaction ID: 00319.E12755 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 300 Boylston Street Apt. 807	Amount of Each Disbursement this Period 1000.00
City Boston State MA Zip Code 02116-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.

Full Name (Last, First, Middle Initial) Alison Ressler	Transaction ID: 00316.E12330 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
Mailing Address 9561 Lime Orchard Road	Amount of Each Disbursement this Period 2000.00
City Beverly Hills State CA Zip Code 90210-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.

Full Name (Last, First, Middle Initial) Laurie Rice	Transaction ID: 00319.E12760 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
Mailing Address 9907 Belhaven Road	Amount of Each Disbursement this Period 2300.00
City Bethesda State MD Zip Code 20817-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5300.00
TOTAL This Period (last page this line number only)	

10020262863

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) Thomas L. Rich		Transaction ID: 00316.E12331 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 01 / 2010	
Mailing Address 222 Summer Street 2nd Floor		Amount of Each Disbursement this Period 2400.00	
City Stamford State CT Zip Code 06901-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		010 Category/ Type	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) James Risoleo		Transaction ID: 00316.E12332 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 01 / 2010	
Mailing Address 6903 Rockledge Drive Suite 1500		Amount of Each Disbursement this Period 1000.00	
City Bethesda State MD Zip Code 20817-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		010 Category/ Type	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) Marie Rivera-Borges		Transaction ID: 00316.E12519 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 10 / 2010	
Mailing Address 53 Calle Palmeras Suite 801		Amount of Each Disbursement this Period 2400.00	
City San Juan State PR Zip Code 00901-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	
		010 Category/ Type	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

SUBTOTAL of Disbursements This Page (optional) ▶	5800.00
TOTAL This Period (last page this line number only) ▶	(Blank)

10020262864

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Marie Rivera-Borges		Transaction ID: 00316.E12333	
Mailing Address 53 Calle Palmeras Suite 801		Date of Disbursement 03 / 01 / 2010	
City San Juan	State PR	Zip Code 00901-	Amount of Each Disbursement this Period 2400.00
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.

Full Name (Last, First, Middle Initial) Vincent Roberti		Transaction ID: 00316.E12334	
Mailing Address 14 North Main Street Apt 2		Date of Disbursement 03 / 01 / 2010	
City Kent	State CT	Zip Code 6757 -	Amount of Each Disbursement this Period 2400.00
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C.

Full Name (Last, First, Middle Initial) Carol Robertson		Transaction ID: 00316.E12335	
Mailing Address 20 Fenwick Ave		Date of Disbursement 03 / 01 / 2010	
City Old Saybrook	State CT	Zip Code 06475-	Amount of Each Disbursement this Period 2300.00
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	7100.00
TOTAL This Period (last page this line number only)	

10020262865

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Charles Robertson</p> <p>Mailing Address 20 Fenwick Ave</p> <p>City Old Saybrook State CT Zip Code 06475-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12336</p> <p>Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jeremiah Robins</p> <p>Mailing Address 6050 Santo Road Suite 150</p> <p>City San Diego State CA Zip Code 92124-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12337</p> <p>Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Robert Roche</p> <p>Mailing Address 10536 South Lorel Avenue</p> <p>City Oak Lawn State IL Zip Code 60453-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12602</p> <p>Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>7100.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262866

**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 321 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Robert Roche	Transaction ID: 00316.E12339 Date of Disbursement 03 / 01 / 2010
	Mailing Address 10536 South Lorel Avenue	Amount of Each Disbursement this Period 600.00
	City Oak Lawn State IL Zip Code 60453- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	<input type="checkbox"/> 010 Category/Type

B.	Full Name (Last, First, Middle Initial) Francisco Rodriguez	Transaction ID: 00316.E12521 Date of Disbursement 03 / 10 / 2010
	Mailing Address P.O. Box 440087	Amount of Each Disbursement this Period 2400.00
	City Laredo State TX Zip Code 78044- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	<input type="checkbox"/> 010 Category/Type

C.	Full Name (Last, First, Middle Initial) Francisco Rodriguez	Transaction ID: 00316.E12340 Date of Disbursement 03 / 01 / 2010
	Mailing Address P.O. Box 440087	Amount of Each Disbursement this Period 200.00
	City Laredo State TX Zip Code 78044- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> 010 Category/Type

SUBTOTAL of Disbursements This Page (optional)	3200.00
TOTAL This Period (last page this line number only)	

10020262867

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Felix G. Rohatyn</p> <p>Mailing Address 655 Third Avenue 16th Floor</p>	<p>Transaction ID: 00316.E12341 Date of Disbursement 03 / 01 / 2010</p>
<p>City New York State NY Zip Code 10017-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 2100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Romano Romani</p> <p>Mailing Address 11124 Arroyo Drive</p>	<p>Transaction ID: 00319.E12761 Date of Disbursement 03 / 10 / 2010</p>
<p>City Rockville State MD Zip Code 20852-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 600.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Lewis Rome</p> <p>Mailing Address 1 State St 13th Floor</p>	<p>Transaction ID: 00323.E12842 Date of Disbursement 03 / 12 / 2010</p>
<p>City Hartford State CT Zip Code 06103-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Amount of Each Disbursement this Period 400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 3100.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262868

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Douglas Rose

Mailing Address 443 Simsbury Road

City Bloomfield State CT Zip Code 06002-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12342
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Marvin Rosen

Mailing Address 420 Lexington Avenue Suite 1718

City New York State NY Zip Code 10170-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12762
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Larry Roth

Mailing Address 35 Hub Drive

City Melville State NY Zip Code 11747-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12763
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 3600.00

TOTAL This Period (last page this line number only) ▶

10020262869

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Steven Roth		Transaction ID: 00316.E12343 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 01 / 2010
Mailing Address C/O Vorando Realty Trust 888 Seventh Avenue		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10019-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 010		

B. Full Name (Last, First, Middle Initial) Harold Rothstein		Transaction ID: 00316.E12344 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 01 / 2010
Mailing Address P.O. Box 370098		Amount of Each Disbursement this Period 2400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City W Hartford State CT Zip Code 06137-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	
Category/Type 010		

C. Full Name (Last, First, Middle Initial) John Rowe		Transaction ID: 00316.E12345 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 01 / 2010
Mailing Address 300 Central Park West Apt 29G		Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New York State NY Zip Code 10024-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 010		

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

10020262870

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
James S. Rowen

Mailing Address 105 Berkshire Road

City Rockville Centre State NY Zip Code 11570-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12346
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
David Rowland

Mailing Address 18439 Nicklaus Way

City Eden Prairie State MN Zip Code 55347-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12764
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Marshall Ruben

Mailing Address 10 North Branford Road

City Wallingford State CT Zip Code 06492-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12347
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶

10020262871

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Marshall Ruben

Mailing Address 10 North Branford Road

City Wallingford State CT Zip Code 06492-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12348
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Douglas K. Russell

Mailing Address 71 Wentworth Drive

City South Windsor State CT Zip Code 06074-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12765
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
1200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Gideon Rutenberg

Mailing Address 1 Pheasant Lane

City Bloomfield State CT Zip Code 06002-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12351
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

10020262872

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Gideon Rutenberg

Mailing Address 1 Pheasant Lane

City Bloomfield State CT Zip Code 06002-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12350
Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Patricia Ryan

Mailing Address 420 East 54th Street #38J

City New York State NY Zip Code 10022-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12352
Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Vincent Ryan

Mailing Address 745 Atlantic Avenue
11th Floor

City Boston State MA Zip Code 02111-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12766
Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Anne Rzepka</p>	<p>Transaction ID: 00316.E12353 Date of Disbursement</p>
<p>Mailing Address 3330 Warrensville Center Rd</p>	<p><input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 03 / 01 / 2010</p>
<p>City State Zip Code Shaker Heights OH 44122-</p>	<p>Amount of Each Disbursement this Period 2300.00</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> 010 Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	
<p>B. Full Name (Last, First, Middle Initial) Fred Rzepka</p>	<p>Transaction ID: 00316.E12354 Date of Disbursement</p>
<p>Mailing Address 25250 Rockside Road</p>	<p><input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 03 / 01 / 2010</p>
<p>City State Zip Code Bedford Heights OH 44146-</p>	<p>Amount of Each Disbursement this Period 2400.00</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> 010 Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	
<p>C. Full Name (Last, First, Middle Initial) Jonathan Sackler</p>	<p>Transaction ID: 00316.E12357 Date of Disbursement</p>
<p>Mailing Address 75 Field Point Circle</p>	<p><input type="checkbox"/> M / <input type="checkbox"/> D / <input type="checkbox"/> Y 03 / 01 / 2010</p>
<p>City State Zip Code Greenwich CT 06830-</p>	<p>Amount of Each Disbursement this Period 2300.00</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> 010 Category/ Type</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary State: District:</p>	
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

10020262874

**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 329 / 373

<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 Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Jonathan Sackler

Mailing Address 75 Field Point Circle

City Greenwich State CT Zip Code 06830-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12358
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Raymond Sackler

Mailing Address 1 Stamford Forum

City Stamford State CT Zip Code 06901-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12359
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Tribe Saginaw Chippewa Ind

Mailing Address 7070 E Broadway

City Mt Pleasant State MI Zip Code 48858-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12767
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6700.00

TOTAL This Period (last page this line number only) ▶

10020262875

**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 330 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Susan Saint James

Mailing Address 147 Prospect St

City Litchfield State CT Zip Code 06759-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12355
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Susan Saint James

Mailing Address 147 Prospect St

City Litchfield State CT Zip Code 06759-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12356
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Robert Samuels

Mailing Address 46 Balfour Dr

City West Hartford State CT Zip Code 06117-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12360
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6900.00

TOTAL This Period (last page this line number only) ▶

10020262876

**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 331 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Robert Samuels</p> <p>Mailing Address 46 Balfour Dr</p>	<p>Transaction ID: 00316.E12361 Date of Disbursement 03 / 01 / 2010</p>
<p>City West Hartford State CT Zip Code 06117-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p>	<p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Roger Sant</p> <p>Mailing Address 2929 N Street NW</p>	<p>Transaction ID: 00316.E12364 Date of Disbursement 03 / 01 / 2010</p>
<p>City Washington State DC Zip Code 20007-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Amount of Each Disbursement this Period 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Roger Sant</p> <p>Mailing Address 2929 N Street NW</p>	<p>Transaction ID: 00316.E12363 Date of Disbursement 03 / 01 / 2010</p>
<p>City Washington State DC Zip Code 20007-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4100.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

10020262877

**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 332 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
John Sasso

Transaction ID: 00316.E12365
Date of Disbursement

Mailing Address 350 North Street
Apt 902

MM / DD / YYYY
03 / 01 / 2010

City State Zip Code
Boston MA 2113 -

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
Mark Scheinberg

Transaction ID: 00316.E12366
Date of Disbursement

Mailing Address 745 Burnside Avenue

MM / DD / YYYY
03 / 01 / 2010

City State Zip Code
East Hartford CT 6108 -

Amount of Each Disbursement this Period

300.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Richard Schifter

Transaction ID: 00316.E12368
Date of Disbursement

Mailing Address 3465 Macomb Street NW

MM / DD / YYYY
03 / 01 / 2010

City State Zip Code
Washington DC 20016-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

SUBTOTAL of Disbursements This Page (optional)

4800.00

TOTAL This Period (last page this line number only)

10020262878

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Richard Schifter

Mailing Address 3465 Macomb Street NW

City Washington State DC Zip Code 20016-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12367

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Ralph Schlosstein

Mailing Address 820 Park Avenue
8th Floor

City New York State NY Zip Code 10021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12369

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

John M. Schmid

Mailing Address 243 Chestnut Hill Road

City Litchfield State CT Zip Code 06759-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12768

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

2200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

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 334 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Alan Schnitzer

Mailing Address

City State Zip Code

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12286
Date of Disbursement
MM / DD / YYYY
02 / 25 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Edward Scott

Mailing Address 6295 S. Tropical Trail

City State Zip Code
Merritt Island FL 32952-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12370
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Donna Seigel

Mailing Address 33 Woodland Road

City State Zip Code
North Hampton NH 3862 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Transaction ID: 00316.E12376
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

10020262880

**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 335 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Donna Seigel

Mailing Address 33 Woodland Road

City North Hampton State NH Zip Code 3862 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12375

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Fred Seigel

Mailing Address 33 Woodland Road

City North Hampton State NH Zip Code 3862 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12374

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Fred Seigel

Mailing Address 33 Woodland Road

City North Hampton State NH Zip Code 3862 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

Transaction ID: 00316.E12373

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6900.00

TOTAL This Period (last page this line number only) ▶

10020262881

**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 336 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Allan Selig	Transaction ID: 00316.E12378 Date of Disbursement 03 / 01 / 2010
	Mailing Address 2510 S. 108th Street	Amount of Each Disbursement this Period 2400.00
	City West Allis State WI Zip Code 53227-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Anthony Seneca	Transaction ID: 00316.E12379 Date of Disbursement 03 / 01 / 2010
	Mailing Address 1874 Clove Rd	Amount of Each Disbursement this Period 2400.00
	City Staten Island State NY Zip Code 10304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Anthony Seneca	Transaction ID: 00316.E12523 Date of Disbursement 03 / 10 / 2010
	Mailing Address 1874 Clove Rd	Amount of Each Disbursement this Period 2400.00
	City Staten Island State NY Zip Code 10304-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
	State: District: August 2010 Primary	

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

10020262882

**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 337 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

Full Name (Last, First, Middle Initial) A. Carlo Seneca		Transaction ID: 00316.E12524 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 255 Clawson Street		Amount of Each Disbursement this Period 2400.00	
City Staten Island State NY Zip Code 10306-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	<input type="checkbox"/> Category/ Type 010	

Full Name (Last, First, Middle Initial) B. Carlo Seneca		Transaction ID: 00316.E12380 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010	
Mailing Address 255 Clawson Street		Amount of Each Disbursement this Period 2400.00	
City Staten Island State NY Zip Code 10306-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Category/ Type 010	

Full Name (Last, First, Middle Initial) C. The Seneca Nation		Transaction ID: 00319.E12770 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address P.O. Box 231		Amount of Each Disbursement this Period 2000.00	
City Salamanca State NY Zip Code 14779-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Category/ Type 010	

SUBTOTAL of Disbursements This Page (optional) ▶	6800.00
TOTAL This Period (last page this line number only) ▶	[]

10020262883

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Carl Shanahan

Transaction ID: 00316.E12381

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2010

Mailing Address 280 Ocean Drive East

Amount of Each Disbursement this Period

2300.00

City State Zip Code
Stamford CT 06902-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Ann Sheffer

Transaction ID: 00316.E12384

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2010

Mailing Address 17 Stony Point Road

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Westport CT 06880-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

C.

Full Name (Last, First, Middle Initial)

Ann Sheffer

Transaction ID: 00316.E12385

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2010

Mailing Address 17 Stony Point Road

Amount of Each Disbursement this Period

2400.00

City State Zip Code
Westport CT 06880-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

5700.00

TOTAL This Period (last page this line number only)

10020262884

**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 339 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Richard Shinto	Transaction ID: 00316.E12526 Date of Disbursement 03 / 10 / 2010
	Mailing Address 350 Ave Chardon Ste 500	Amount of Each Disbursement this Period 800.00
	City San Juan State PR Zip Code 00918-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund of Contribution Refund of Contrib Category/ Type: 010

B.	Full Name (Last, First, Middle Initial) Richard Shinto	Transaction ID: 00316.E12525 Date of Disbursement 03 / 10 / 2010
	Mailing Address 350 Ave Chardon Ste 500	Amount of Each Disbursement this Period 800.00
	City San Juan State PR Zip Code 00918-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary	<input type="checkbox"/> Refund of Contribution Refund of Contrib Category/ Type: 010

C.	Full Name (Last, First, Middle Initial) Mark Silber	Transaction ID: 00316.E12389 Date of Disbursement 03 / 01 / 2010
	Mailing Address 125 Sutton Place South	Amount of Each Disbursement this Period 2400.00
	City Lawrence State NY Zip Code 11559-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<input type="checkbox"/> Refund of Contribution Refund of Contrib Category/ Type: 010

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

10020262885

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Jon Silvan		Transaction ID: 00319.E12772 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 10 / 2010	
Mailing Address 895 Broadway 5th Floor		Amount of Each Disbursement this Period 1100.00	
City New York State NY Zip Code 10003-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
B. Full Name (Last, First, Middle Initial) Richard Silver		Transaction ID: 00316.E12387 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 01 / 2010	
Mailing Address 184 Atlantic St		Amount of Each Disbursement this Period 2400.00	
City Stamford State CT Zip Code 06901-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
C. Full Name (Last, First, Middle Initial) Richard Silver		Transaction ID: 00316.E12388 Date of Disbursement M M / D D / Y Y Y Y Y Y 03 / 01 / 2010	
Mailing Address 184 Atlantic St		Amount of Each Disbursement this Period 2400.00	
City Stamford State CT Zip Code 06901-	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
SUBTOTAL of Disbursements This Page (optional) ▶		5900.00	
TOTAL This Period (last page this line number only) ▶		(Empty box)	

10020262886

**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 341 / 373

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input checked="" type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Edward Silverman

Mailing Address 120 Gibbon St

City State Zip Code
Alexandria VA 22314-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12390
Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Brett Silvers

Mailing Address 61 Ledyard Road

City State Zip Code
West Hartford CT 6117 -

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12391
Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

1250.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
David Simon

Mailing Address P.O. Box 7033

City State Zip Code
Indianapolis IN 46207-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12392
Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

5850.00

TOTAL This Period (last page this line number only)

10020262887

**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 342 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Paul Simon

Mailing Address 1619 Broadway
Suite 500

City New York State NY Zip Code 10019-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12393

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

James H. Simons

Mailing Address 1060 Fifth Avenue

City New York State NY Zip Code 10022-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

August 2010 Primary

Transaction ID: 00316.E12395

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

James H. Simons

Mailing Address 1060 Fifth Avenue

City New York State NY Zip Code 10022-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12394

Date of Disbursement

03 / 01 / 2010

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

7100.00

TOTAL This Period (last page this line number only) ▶

10020262888

**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 343 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Alexander Siu	Transaction ID: 00319.E12776 Date of Disbursement 03 / 10 / 2010
	Mailing Address 47 Webster Street	
	City Westminster State MD Zip Code 21157-	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Gene Smith	Transaction ID: 00319.E12777 Date of Disbursement 03 / 10 / 2010
	Mailing Address 2212 Avanti Lane	
	City Birmingham State AL Zip Code 35226-	Amount of Each Disbursement this Period 2200.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) James C. Smith	Transaction ID: 00316.E12396 Date of Disbursement 03 / 01 / 2010
	Mailing Address 290 Tranquility Road	
	City Middlebury State CT Zip Code 06762-	Amount of Each Disbursement this Period 700.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5200.00
TOTAL This Period (last page this line number only)	

10020262889

**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 344 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Jean K. Smith

Transaction ID: 00316.E12397

Date of Disbursement

03 / 01 / 2010

Mailing Address 4 Sutton Place

City State Zip Code
New York NY 10022-

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Andrea Sofroniou

Transaction ID: 00319.E12778

Date of Disbursement

03 / 10 / 2010

Mailing Address 21-77 28th Street

City State Zip Code
Astoria NY 11105-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Joannis Sofroniou

Transaction ID: 00319.E12779

Date of Disbursement

03 / 10 / 2010

Mailing Address 21-27 28th Street

City State Zip Code
Astoria NY 11105-

Amount of Each Disbursement this Period

2400.00

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

7100.00

TOTAL This Period (last page this line number only)

10020262890

**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 345 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Peter Solomon	Transaction ID: 00316.E12398 Date of Disbursement 03 / 01 / 2010
	Mailing Address 520 Madison Ave	Amount of Each Disbursement this Period 2100.00
	City New York State NY Zip Code 10022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Peter Solomon	Transaction ID: 00316.E12399 Date of Disbursement 03 / 01 / 2010
	Mailing Address 520 Madison Ave	Amount of Each Disbursement this Period 2100.00
	City New York State NY Zip Code 10022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Edward Sparks	Transaction ID: 00319.E12781 Date of Disbursement 03 / 10 / 2010
	Mailing Address 7 Lansdowne Street	Amount of Each Disbursement this Period 2000.00
	City Boston State MA Zip Code 02215-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6200.00
TOTAL This Period (last page this line number only)	

10020262891

**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 346 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Kenneth F. Spence</p> <p>Mailing Address 5504 Dever Drive</p> <p>City Edina State MN Zip Code 55424-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 010 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 00319.E12782 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 1700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B. Full Name (Last, First, Middle Initial) Geoffrey Stack</p> <p>Mailing Address 18802 Bardeen Ave</p> <p>City Irvine State CA Zip Code 92612-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 010 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: August 2010 Primary</p>	<p>Transaction ID: 00316.E12401 Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C. Full Name (Last, First, Middle Initial) Cynthia Stark</p> <p>Mailing Address 12416 Bacall Lane</p> <p>City Potomac State MD Zip Code 20854-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 010 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 00319.E12783 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>5500.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p></p>

10020262892

**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 347 / 373	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Mitchell Stark	Transaction ID: 00319.E12784 Date of Disbursement 03 / 10 / 2010
Mailing Address 12416 Bacall Lane	Amount of Each Disbursement this Period 2300.00
City Potomac State MD Zip Code 20854-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.

Full Name (Last, First, Middle Initial) Kenneth Starr	Transaction ID: 00316.E12402 Date of Disbursement 03 / 01 / 2010
Mailing Address 850 3rd Avenue 15th Floor	Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.

Full Name (Last, First, Middle Initial) Kenneth Starr	Transaction ID: 00316.E12527 Date of Disbursement 03 / 10 / 2010
Mailing Address 850 3rd Avenue 15th Floor	Amount of Each Disbursement this Period 2400.00
City New York State NY Zip Code 10022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary

SUBTOTAL of Disbursements This Page (optional)	6700.00
TOTAL This Period (last page this line number only)	

100202628931

**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 348 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Michael Stein

Mailing Address 10207 Lawyers Rd

City Vienna State VA Zip Code 22181-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12405
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Daniel Stern

Mailing Address 30 East 71st Street
Apartment 6B

City New York State NY Zip Code 10021-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12403
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Barry Sternlicht

Mailing Address 591 W Putnam Ave

City Greenwich State CT Zip Code 06830-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12404
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6900.00

TOTAL This Period (last page this line number only) ▶

10020262894

**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 349 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Michael Stratton		Transaction ID: 00316.E12407 Date of Disbursement 03 / 01 / 2010	
Mailing Address 162 Huntington Street		Amount of Each Disbursement this Period 2400.00	
City New Haven	State CT	Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	
State:	District:		

B.

Full Name (Last, First, Middle Initial) Michael Stratton		Transaction ID: 00316.E12406 Date of Disbursement 03 / 01 / 2010	
Mailing Address 162 Huntington Street		Amount of Each Disbursement this Period 2400.00	
City New Haven	State CT	Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

C.

Full Name (Last, First, Middle Initial) Howard Stringer		Transaction ID: 00316.E12408 Date of Disbursement 03 / 01 / 2010	
Mailing Address 550 Madison Ave		Amount of Each Disbursement this Period 2300.00	
City New York	State NY	Zip Code 10022-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	7100.00
TOTAL This Period (last page this line number only)	

10020262895

**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 350 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Lloyd Sugarman

Mailing Address 115A Pratt Street

City Providence State RI Zip Code 02906-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12785
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Michael Suisman

Mailing Address 48 Orchard Rd

City W Hartford State CT Zip Code 06117-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00323.E12844
Date of Disbursement
03 / 12 / 2010

Amount of Each Disbursement this Period
700.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Richard Sullivan

Mailing Address 1306 Rand Drive

City Raleigh State NC Zip Code 27608-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12786
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 2100.00

TOTAL This Period (last page this line number only) ▶

10020262896

**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 351 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Betsy Taff

Mailing Address 1401 Roseland Drive

City Birmingham State AL Zip Code 35209-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00319.E12787
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Richard Tarplin

Mailing Address 2103 Powhatan Street

City Falls Church State VA Zip Code 22043-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12410
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Richard Tarplin

Mailing Address 2103 Powhatan Street

City Falls Church State VA Zip Code 22043-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12411
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 5200.00

TOTAL This Period (last page this line number only) ▶

10020262897

**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 352 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Ernie Teitell	Transaction ID: 00316.E12412 Date of Disbursement 03 / 01 / 2010
	Mailing Address 215 Saw Mill Road	
	City Stamford State CT Zip Code 06903-	Amount of Each Disbursement this Period 1900.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary

B.	Full Name (Last, First, Middle Initial) Ernie Teitell	Transaction ID: 00316.E12413 Date of Disbursement 03 / 01 / 2010
	Mailing Address 215 Saw Mill Road	
	City Stamford State CT Zip Code 06903-	Amount of Each Disbursement this Period 2400.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Steven Temkin	Transaction ID: 00316.E12414 Date of Disbursement 03 / 01 / 2010
	Mailing Address 144 Chestnut Hill Road	
	City Torrington State CT Zip Code 06790-	Amount of Each Disbursement this Period 1600.00
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	5900.00
TOTAL This Period (last page this line number only)	

10020262898

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Tribe The Mohegan		Transaction ID: 00316.E12430 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010	
Mailing Address Mr. Charles Bunnell 5 Crow Hill Road		Amount of Each Disbursement this Period 2300.00	
City Uncasville	State CT	Zip Code 06382-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.

Full Name (Last, First, Middle Initial) Tribe The Mohegan		Transaction ID: 00323.E12836 Date of Disbursement MM / DD / YYYY 03 / 12 / 2010	
Mailing Address Mr. Charles Bunnell 5 Crow Hill Road		Amount of Each Disbursement this Period 100.00	
City Uncasville	State CT	Zip Code 06382-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	August 2010 Primary		

C.

Full Name (Last, First, Middle Initial) Judith Thedford		Transaction ID: 00316.E12530 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010	
Mailing Address 11001 Piney Meetinghouse Road		Amount of Each Disbursement this Period 2400.00	
City Potomac	State MD	Zip Code 20854-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib		010 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	August 2010 Primary		

SUBTOTAL of Disbursements This Page (optional)	4800.00
TOTAL This Period (last page this line number only)	

10020262899

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Judith Thedford	Transaction ID: 00316.E12426 Date of Disbursement 03 / 01 / 2010
Mailing Address 11001 Piney Meetinghouse Road	Amount of Each Disbursement this Period 2400.00
City Potomac State MD Zip Code 20854- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.

Full Name (Last, First, Middle Initial) John Theologitis	Transaction ID: 00319.E12793 Date of Disbursement 03 / 10 / 2010
Mailing Address 267-04 E Williston Ave	Amount of Each Disbursement this Period 2400.00
City Floral Park State NY Zip Code 11001- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.

Full Name (Last, First, Middle Initial) Nikitas Theologitis	Transaction ID: 00319.E12792 Date of Disbursement 03 / 10 / 2010
Mailing Address 209 West 87th Street	Amount of Each Disbursement this Period 2400.00
City New York State NY Zip Code 10024- Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	7200.00
TOTAL This Period (last page this line number only)	

10020262900

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Sofia Theologitis</p> <p>Mailing Address 209 W 87th Street</p>	<p>Transaction ID: 00319.E12794 Date of Disbursement 03 / 10 / 2010</p>
<p>City New York State NY Zip Code 10024-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Deroy Thomas</p> <p>Mailing Address 11 Avenue De La Mer Apt. 1801</p> <p>City Palm Coast State FL Zip Code 32137-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 00316.E12427 Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Timothy Toben</p> <p>Mailing Address 8300 Pickards Meadow Road</p> <p>City Chapel Hill State NC Zip Code 27516-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 00319.E12797 Date of Disbursement 03 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ 6900.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262901

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Thomas Toomey</p>		<p>Transaction ID: 00316.E12533 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010</p>	
<p>Mailing Address 33768 Alta Vista Drive</p>		<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>City Evergreen State CO Zip Code 80439-</p>	<p>Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name</p>	<p>010 Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p>		
<p>State: District:</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		

<p>B. Full Name (Last, First, Middle Initial) A. Robert Towbin</p>		<p>Transaction ID: 00316.E12428 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p>	
<p>Mailing Address 1010 Fifth Avenue #11-B</p>		<p>Amount of Each Disbursement this Period 2400.00</p>	
<p>City New York State NY Zip Code 10028-</p>	<p>Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name</p>	<p>010 Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		

<p>C. Full Name (Last, First, Middle Initial) A. Robert Towbin</p>		<p>Transaction ID: 00316.E12429 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p>	
<p>Mailing Address 1010 Fifth Avenue #11-B</p>		<p>Amount of Each Disbursement this Period 2400.00</p>	
<p>City New York State NY Zip Code 10028-</p>	<p>Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name</p>	<p>010 Category/ Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p>		
<p>State: District:</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>5800.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

10020262902

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) William Trachsel</p> <p>Mailing Address 12 Gatewood</p> <p>City Avon State CT Zip Code 06001-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12424 Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="700.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Richard Treibick</p> <p>Mailing Address 21 Topping Road</p> <p>City Greenwich State CT Zip Code 06831-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12422 Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2400.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Richard Treibick</p> <p>Mailing Address 21 Topping Road</p> <p>City Greenwich State CT Zip Code 06831-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12423 Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2010"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2400.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p><input type="text" value="5500.00"/></p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p><input type="text" value=""/></p>

10020262903

**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 358 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Ann Marie Tula

Mailing Address 315 Plymouth Lane

City Laredo State TX Zip Code 78041-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12421
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Ann Marie Tula

Mailing Address 315 Plymouth Lane

City Laredo State TX Zip Code 78041-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00323.E12852
Date of Disbursement
MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period
100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Jeffrey Turner

Mailing Address 2820 N Franklin Road

City Arlington State VA Zip Code 22201-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00323.E12851
Date of Disbursement
MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period
500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

10020262904

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
La Tyler

Mailing Address 914 Rockrimmon Road

City Stamford State CT Zip Code 06903-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12420
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
La Tyler

Mailing Address 914 Rockrimmon Road

City Stamford State CT Zip Code 06903-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12799
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Gregory Ugalde

Mailing Address 15 South Road

City Burlington State CT Zip Code 06013-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12419
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 4900.00

TOTAL This Period (last page this line number only) ▶

10020262905

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Richard Uhlig

Mailing Address 200 White Park Road

City Ithaca State NY Zip Code 14850-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12418
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
1200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Richard Uhlig

Mailing Address 200 White Park Road

City Ithaca State NY Zip Code 14850-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12800
Date of Disbursement
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Joseph Valle

Mailing Address 70 E Falmouth Hwy Suite #3

City East Falmouth State MA Zip Code 02536-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12431
Date of Disbursement
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

10020262906

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Carla Volpe

Mailing Address 8 Woodbine Avenue

City Larchmont State NY Zip Code 10538-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12805
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Alan Washkowitz

Mailing Address 10 Gracie Square
Apt 6A

City New York State NY Zip Code 10028-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00323.E12845
Date of Disbursement
MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period
2200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Edith Wasserman

Mailing Address 10100 Santa Monica Blvd
Suite 1300

City Los Angeles State CA Zip Code 90067-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12807
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

10020262907

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
John Weinberg

Mailing Address 35 Knollwood Drive

City Greenwich State CT Zip Code 06830-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12433
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Harvey Weinstein

Mailing Address 375 Greenwich Street 3rd Floor

City New York State NY Zip Code 10013-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General Other (specify) ▼

State: District:

Transaction ID: 00316.E12434
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Harvey Weinstein

Mailing Address 375 Greenwich Street 3rd Floor

City New York State NY Zip Code 10013-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Other (specify) ▼
August 2010 Primary

State: District:

Transaction ID: 00316.E12534
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7100.00

TOTAL This Period (last page this line number only) ▶

10020262908

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Edward Welden	Transaction ID: 00316.E12435 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 1103 21st Street	Amount of Each Disbursement this Period 1900.00
	City Birmingham State AL Zip Code 35205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Thomas Werner	Transaction ID: 00316.E12436 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	Mailing Address 11601 Wilshire Blvd # 1840	Amount of Each Disbursement this Period 2300.00
	City Los Angeles State CA Zip Code 90025-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Alexa Wesner	Transaction ID: 00319.E12808 Date of Disbursement MM / DD / YYYY 03 / 10 / 2010
	Mailing Address 900 Live Oak Circle	Amount of Each Disbursement this Period 2400.00
	City Austin State TX Zip Code 78746-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	6600.00
TOTAL This Period (last page this line number only)	

10020262909

**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 364 / 373

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A. Full Name (Last, First, Middle Initial) Michael Whouley</p>	<p>Transaction ID: 00316.E12438 Date of Disbursement</p>
<p>Mailing Address 208 Centre Street</p>	<p><input type="checkbox"/> 03 / <input type="checkbox"/> 01 / <input type="checkbox"/> 2010</p>
<p>City Danvers State MA Zip Code 01923-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> 600.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type <input type="checkbox"/> 010</p>
<p>B. Full Name (Last, First, Middle Initial) John Wilkinson</p>	<p>Transaction ID: 00316.E12439 Date of Disbursement</p>
<p>Mailing Address 1109 Golfview Ln</p>	<p><input type="checkbox"/> 03 / <input type="checkbox"/> 01 / <input type="checkbox"/> 2010</p>
<p>City Glenview State IL Zip Code 60025-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> 1000.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type <input type="checkbox"/> 010</p>
<p>C. Full Name (Last, First, Middle Initial) Ronald A. Williams</p>	<p>Transaction ID: 00316.E12440 Date of Disbursement</p>
<p>Mailing Address 11 Farnham Way</p>	<p><input type="checkbox"/> 03 / <input type="checkbox"/> 01 / <input type="checkbox"/> 2010</p>
<p>City Farmington State CT Zip Code 06032-</p>	<p>Amount of Each Disbursement this Period</p>
<p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p>	<p><input type="checkbox"/> 700.00</p>
<p>Candidate Name</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Category/Type <input type="checkbox"/> 010</p>
<p>SUBTOTAL of Disbursements This Page (optional) ▶ <input type="checkbox"/> 2300.00</p>	
<p>TOTAL This Period (last page this line number only) ▶</p>	

10020262910

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Colin Winkelman</p> <p>Mailing Address 22 East Eleventh St.</p> <p>City New York State NY Zip Code 10003-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00316.E12442</p> <p>Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Colin Winkelman</p> <p>Mailing Address 22 East Eleventh St.</p> <p>City New York State NY Zip Code 10003-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p> <p>State: District:</p>	<p>Transaction ID: 00323.E12846</p> <p>Date of Disbursement MM / DD / YYYY 03 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Dorinda Winkelman</p> <p>Mailing Address 22 E Eleventh St</p> <p>City New York State NY Zip Code 10003-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary</p> <p>State: District:</p>	<p>Transaction ID: 00323.E12847</p> <p>Date of Disbursement MM / DD / YYYY 03 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ▶</p>		<p>6800.00</p>
<p>TOTAL This Period (last page this line number only) ▶</p>		<p> </p>

10020262911

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Dorinda Winkelman

Mailing Address 22 E Eleventh St

City New York State NY Zip Code 10003-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12443
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Mark Winkelman

Mailing Address 22 East Eleventh St.
26th Floor

City New York State NY Zip Code 10003-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12444
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Mark Winkelman

Mailing Address 22 East Eleventh St.
26th Floor

City New York State NY Zip Code 10003-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Transaction ID: 00323.E12848
Date of Disbursement
MM / DD / YYYY
03 / 12 / 2010

Amount of Each Disbursement this Period
2200.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

10020262912

**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 367 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Victoria Winkelman	Transaction ID: 00316.E12445 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
Mailing Address 22 E 11th St.	
City New York State NY Zip Code 10003-	Amount of Each Disbursement this Period 2400.00
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Category/Type 010
State: District:	

B.

Full Name (Last, First, Middle Initial) Victoria Winkelman	Transaction ID: 00323.E12849 Date of Disbursement MM / DD / YYYY 03 / 12 / 2010
Mailing Address 22 E 11th St.	
City New York State NY Zip Code 10003-	Amount of Each Disbursement this Period 2200.00
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	<input type="checkbox"/> Category/Type 010
State: District:	

C.

Full Name (Last, First, Middle Initial) Gary Wolk	Transaction ID: 00316.E12441 Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
Mailing Address 1080 Chestnut St Apt 14A	
City San Francisco State CA Zip Code 94109-	Amount of Each Disbursement this Period 2300.00
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Category/Type 010
State: District:	

SUBTOTAL of Disbursements This Page (optional)	6900.00
TOTAL This Period (last page this line number only)	

10020262913

**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 368 / 373	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial) Julie Wolman	Transaction ID: 00316.E12446 Date of Disbursement 03 / 01 / 2010
Mailing Address PO Box 535	Amount of Each Disbursement this Period 2300.00
City Waterford State CT Zip Code 06385-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.

Full Name (Last, First, Middle Initial) Len Wolman	Transaction ID: 00316.E12449 Date of Disbursement 03 / 01 / 2010
Mailing Address 190 Niantic River Road	Amount of Each Disbursement this Period 2400.00
City Waterford State CT Zip Code 06385-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.

Full Name (Last, First, Middle Initial) Len Wolman	Transaction ID: 00316.E12450 Date of Disbursement 03 / 01 / 2010
Mailing Address 190 Niantic River Road	Amount of Each Disbursement this Period 50.00
City Waterford State CT Zip Code 06385-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary

SUBTOTAL of Disbursements This Page (optional)	4750.00
TOTAL This Period (last page this line number only)	

10020262914

**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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Mark Wolman

Mailing Address P.O. Box 535

City Waterford State CT Zip Code 06385-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: August 2010 Primary

Transaction ID: 00316.E12448
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
1450.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

B.

Full Name (Last, First, Middle Initial)
Mark Wolman

Mailing Address P.O. Box 535

City Waterford State CT Zip Code 06385-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12447
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

C.

Full Name (Last, First, Middle Initial)
Joanne Woodward

Mailing Address 2401 Main Street

City Santa Monica State CA Zip Code 90405-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12451
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6050.00

TOTAL This Period (last page this line number only) ▶

10020262915

**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 370 / 373
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.	Full Name (Last, First, Middle Initial) Leslie Woolley	Transaction ID: 00316.E12453 Date of Disbursement 03 / 01 / 2010
	Mailing Address 609 Oakley PI	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ August 2010 Primary	
	State: District:	

B.	Full Name (Last, First, Middle Initial) Leslie Woolley	Transaction ID: 00316.E12452 Date of Disbursement 03 / 01 / 2010
	Mailing Address 609 Oakley PI	Amount of Each Disbursement this Period 2400.00
	City Alexandria State VA Zip Code 22302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Wan Ye	Transaction ID: 00316.E12464 Date of Disbursement 03 / 02 / 2010
	Mailing Address 89 Mallard Drive	Amount of Each Disbursement this Period 2400.00
	City Greenwich State CT Zip Code 06830-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5800.00
TOTAL This Period (last page this line number only)	

10020262916

**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 371 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Wan Ye

Mailing Address 89 Mallard Drive

City State Zip Code
Greenwich CT 06830-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

Transaction ID: 00316.E12535
Date of Disbursement

03 / **10** / **2010**

Amount of Each Disbursement this Period

2400.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Daniel Yin

Mailing Address 8 Ledge Meadow Lane

City State Zip Code
Westport CT 06880-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00319.E12774
Date of Disbursement

03 / **10** / **2010**

Amount of Each Disbursement this Period

1200.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Edward Yingling

Mailing Address 3607 N 27th Street

City State Zip Code
Arlington VA 22207-

Purpose of Disbursement
Refund of Contribution Refund of Contrib
Candidate Name

010
Category/
Type

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 00316.E12454
Date of Disbursement

03 / **01** / **2010**

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

4600.00

TOTAL This Period (last page this line number only) ▶

4600.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)
Jodi Yingling

Mailing Address 119 Marydell Drive

City Westminster State MD Zip Code 21157-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12455
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

B.

Full Name (Last, First, Middle Initial)
Nathaniel Yordon

Mailing Address 6 Weatherbell Drive

City Norwalk State CT Zip Code 06851-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00319.E12775
Date of Disbursement
MM / DD / YYYY
03 / 10 / 2010

Amount of Each Disbursement this Period
1600.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

C.

Full Name (Last, First, Middle Initial)
Dona Young

Mailing Address 64 Waterside Lane

City W Hartford State CT Zip Code 06107-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

Candidate Name

Office Sought: House Senate President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 00316.E12456
Date of Disbursement
MM / DD / YYYY
03 / 01 / 2010

Amount of Each Disbursement this Period
2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

010
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 6200.00

TOTAL This Period (last page this line number only) ▶

10020262918

**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 373 / 373

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A.

Full Name (Last, First, Middle Initial)

Roland Young

Transaction ID: 00316.E12457

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2010

Mailing Address 64 Waterside Lane

Amount of Each Disbursement this Period

800.00

City State Zip Code
W Hartford CT 06107-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)

Thomas Young

Transaction ID: 00316.E12536

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2010

Mailing Address 2210 West Grande Blvd

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Tyler TX 75703-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼
August 2010 Primary

C.

Full Name (Last, First, Middle Initial)

Joyce Zeff

Transaction ID: 00316.E12459

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2010

Mailing Address 20 Sedgwick Drive

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Englewood CO 80113-

Purpose of Disbursement
Refund of Contribution Refund of Contrib

010
Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2800.00

TOTAL This Period (last page this line number only) ▶

1130460.00

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Company: State of Rep. Public Reads

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1 HOLD Weekday at FedEx Location
Not available for FedEx First Overnight, FedEx First Overnight, or FedEx Priority.

31 HOLD Saturday at FedEx Location
Available ONLY for FedEx Priority to select locations.

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 No Yes
 Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.
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 Dry Ice
 Cargo Aircraft Only

7 Payment Bill to:
 Sender Recipient Third Party Credit Card Cash/Check
 Enter FedEx Acct. No. or Credit Card No. below.
 Acct. No. Obtain Receipt
 Screen 1 will print.

Total Packages: 1
 Total Weight:
 Credit Card Auth:

*Our facility is limited to \$100 unless you declare a higher value. See the current FedEx Service Guide for details.

8 Residential Delivery Signature Options
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 Someone at recipient's address may sign for delivery. Fee applies.

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>04-14-10</u>	<input checked="" type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

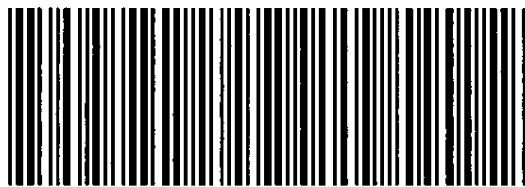
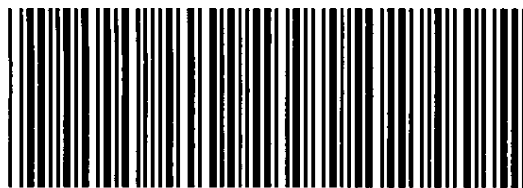
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PREPARER RD DATE PREPARED 04-19-10

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