

**SCHEDULE 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 18
20b 19a
20c 19b
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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
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

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
MM / DD / YYYY
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
MM / DD / YYYY
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