

**SCHEDULE 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) Myrna Greenberg</p>	<p>Transaction ID: 00316.E12131 Date of Disbursement</p>
<p>Mailing Address 1120 5th Ave Apt 10c</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 / 22 / 2010</p>
<p>City State Zip Code New York NY 10128-</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>B. Full Name (Last, First, Middle Initial) Stewart Greenfield</p>	<p>Transaction ID: 00316.E12134 Date of Disbursement</p>
<p>Mailing Address 279 Sturges Highway</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 / 22 / 2010</p>
<p>City State Zip Code Westport CT 06880-</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 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 Greifeld</p>	<p>Transaction ID: 00316.E12135 Date of Disbursement</p>
<p>Mailing Address One Liberty Plaza 165 Broadway</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 / 22 / 2010</p>
<p>City State Zip Code New York NY 10006-</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>200.00</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>	

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