

**SCHEDULE 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)  
Steven Roth

Mailing Address C/O Vorando Realty Trust  
888 Seventh Avenue

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) ▼

State: District:

Transaction ID: 00316.E12343  
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)  
Harold Rothstein

Mailing Address P.O. Box 370098

City W Hartford State CT Zip Code 06137-

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.E12344  
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)  
John Rowe

Mailing Address 300 Central Park West  
Apt 29G

City New York State NY Zip Code 10024-

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.E12345  
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) ..... ▶ 7000.00

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

10020262870