

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.

12FE4M5

Roraback for Congress

ADDRESS (number and street)

PO Box 807

Check if different than previously reported. (ACC)

Torrington

CT

06790

2. **FEC IDENTIFICATION NUMBER**

C C00504985

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

CT

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)  General (12G)  Runoff (12R)
- Convention (12C)  Special (12S)

Election on  /  /  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

/  /

through

/  /

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 Anna-Elysapeth McGuire

Signature of Treasurer Anna-Elysapeth McGuire

[Electronically Filed]

Date

/  /

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

Write or Type Committee Name  
**Roraback for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	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))....	134307.00	371994.08
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	134307.00	371994.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	85778.76	103517.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	85778.76	103517.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	260976.56	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	7000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

Roraback for Congress

Report Covering the Period: From:  /  /  To:  /  /

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).....	108170.00	332955.28
(ii) Unitemized.....	26137.00	39038.80
(iii) TOTAL of contributions from individuals ▶	134307.00	371994.08
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	134307.00	371994.08
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	134307.00	371994.08

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	85778.76	103517.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
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 .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	7500.00	7500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	93278.76	111017.52

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	219948.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	134307.00
25. SUBTOTAL (add Line 23 and Line 24).....	354255.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	93278.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	260976.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. HOWARD L. ALLER**

Mailing Address **LION'S HEAD**  
**87 CANAAN RD, UNIT 5F**

City **SALISBURY** State **CT** Zip Code **06068-1628**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : SA11.563**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES BEACH BARLOW**

Mailing Address **34 MAIN STREET**

City **NEW MILFORD** State **CT** Zip Code **06776-2830**

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

Name of Employer **C.M. BEACH COMPANY** Occupation **INVESTMENT DIRECTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : SA11.584**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SUSAN P. BELCHER**

Mailing Address **1 TOWN HILL ROAD**

City **LAKEVILLE** State **CT** Zip Code **06039-2311**

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

Name of Employer **HOUSEWIFE** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : SA11.560**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**1600.00**

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

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

FOR LINE NUMBER: PAGE 6 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK J. BOLAND**

Mailing Address 10 OSBORN ROAD  
P.O. BOX 1336

City LITCHFIELD State CT Zip Code 06759-2317

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2012

**Transaction ID : SA11.619**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PATRICK J. BOLAND**

Mailing Address 10 OSBORN ROAD  
P.O. BOX 1336

City LITCHFIELD State CT Zip Code 06759-2317

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 09 / 2012

**Transaction ID : SA11.642**

Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWIN G. BOOTH JR.**

Mailing Address 2 COVENTRY LANE

City HARWINTON State CT Zip Code 06791-2413

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

Name of Employer TORRINGTON CASTING CO. Occupation FOUNDRY MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11.788**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ALLAN BORGHESI**

Mailing Address 134 WINDTREE DR  
P.O. BOX 689

City State Zip Code  
TORRINGTON CT 06790-7903

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

Name of Employer Occupation  
BORGHESI BLDG & ENG. CO INC ENGINEER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2012

**Transaction ID : SA11.516**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. MICHELE BOUCHARD**

Mailing Address 71 SOUTH STREET  
P.O. BOX 1855

City State Zip Code  
LITCHFIELD CT 06759-4005

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2012

**Transaction ID : SA11.864**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BYRON BROOKS**

Mailing Address 42 E. CHESTNUT HILL ROAD

City State Zip Code  
LITCHFIELD CT 06759-4121

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 07 / 2012

**Transaction ID : SA11.617**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

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

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

3100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARANA BROOKS**

Mailing Address **88 WIGWAM ROAD**  
**P.O. BOX 1045**

City **LITCHFIELD** State **CT** Zip Code **06759-3826**

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

Name of Employer **SELF** Occupation **FARMER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2012**

**Transaction ID : SA11.865**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID L. BUCKLEY**

Mailing Address **2815 N. 11TH STREET**

City **ARLINGTON** State **VA** Zip Code **22201-2888**

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

Name of Employer **HOST HOTELS & RESORTS** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2012**

**Transaction ID : SA11.543**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. BONNIE E. BURR**

Mailing Address **27 DINGLE BROOK ROAD**

City **HAWLEYVILLE** State **CT** Zip Code **06440**

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

Name of Employer **UCONN** Occupation **ASSISTANT DIRECTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 28 / 2012**

**Transaction ID : SA11.573**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**1350.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. MS. BONNIE E. BURR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2012
Mailing Address 27 DINGLE BROOK ROAD		<b>Transaction ID : SA11.814</b>
City HAWLEYVILLE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer UCONN	Occupation ASSISTANT DIRECTOR	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. WHEATON B. BYERS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 31 / 2012
Mailing Address 25 HOLLOW BROOK LANE		<b>Transaction ID : SA11.497</b>
City CANAAN	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer RETIRED	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00	

Full Name (Last, First, Middle Initial) <b>C. MR. CARLOS M. CANAL JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 15 / 2012
Mailing Address 142 SABBADAY LANE P.O. BOX 63		<b>Transaction ID : SA11.521</b>
City WASHINGTON DEPOT	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation RETIRED	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> 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 10 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM CAPAUNO**

Mailing Address 65 PLYMOUTH RD

City HARWINTON State CT Zip Code 06791-2418

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

Name of Employer TEC CONTROL SYSTEMS, INC Occupation SELF EMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2012

**Transaction ID : SA11.706**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD O. CAREY**

Mailing Address 138 Church Hill

City WASHINGTON DEPOT State CT Zip Code 06794

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : SA11.897**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD O. CAREY**

Mailing Address 138 Church Hill

City WASHINGTON DEPOT State CT Zip Code 06794

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11.917**

Amount of Each Receipt this Period  
70.00

CONTRIBUTION

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

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

520.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ALICE CAROLAN**

Mailing Address 205 WHISCONIER RD P.O. BOX 5188

City State Zip Code  
BROOKFIELD CT 06804-5188

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2012

**Transaction ID : SA11.731**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DINO CASALI**

Mailing Address P.O. BOX 387  
128 SHELDON LANE

City State Zip Code  
THOMASTON CT 06787-0387

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

Name of Employer Occupation  
OPPENHEIMER & CO. FINANCIAL ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 15 / 2012

**Transaction ID : SA11.522**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DINO CASALI**

Mailing Address P.O. BOX 387  
128 SHELDON LANE

City State Zip Code  
THOMASTON CT 06787-0387

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

Name of Employer Occupation  
OPPENHEIMER & CO. FINANCIAL ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2012

**Transaction ID : SA11.690**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. J. BARCLAY COLLINS II**

Mailing Address **KING HOUSE 12 NORTH MAIN STREET**

City **SHARON** State **CT** Zip Code **06069-2074**

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

Name of Employer **SELF EMPLOYED** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2012**

**Transaction ID : SA11.728**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN W. COOLEY**

Mailing Address **7 CROW'S NEST ROAD**

City **BRONXVILLE** State **NY** Zip Code **10708-4801**

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

Name of Employer **FX ALLIANCE INC** Occupation **CFO**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 01 / 2012**

**Transaction ID : SA11.579**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. ANNE COOLIDGE TAYLOR**

Mailing Address **3520 RANCHERO ROAD**

City **PLANO** State **TX** Zip Code **75093-7606**

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

Name of Employer **W.P. CAREY & CO. LLC** Occupation **REAL ESTATE EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2012**

**Transaction ID : SA11.691**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. KENNETH F. COOPER**

Mailing Address **14 EAST 90TH ST**

City **NEW YORK** State **NY** Zip Code **10128-0671**

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

Name of Employer **ACK ASSET MANAGEMENT LLC** Occupation **INVESTMENT MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 15 / 2012**

**Transaction ID : SA11.515**

Amount of Each Receipt this Period  
**1500.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN G. COUMANTAROS**

Mailing Address **712 FIFTH AVENUE**

City **NEW YORK** State **NY** Zip Code **10019-4108**

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

Name of Employer **SOUTHERN STAR SHIPPING CO., INC.** Occupation **CORPORATE EXECUTIVE**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2012**

**Transaction ID : SA11.634**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS CRANE**

Mailing Address **100 RESERVOIR RD**

City **DALTON** State **MA** Zip Code **01226-1056**

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

Name of Employer **CRANE & CO.** Occupation **MANAGER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 07 / 2012**

**Transaction ID : SA11.504**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**EDWIN M. DAHILL**

Mailing Address 15 LEDYARD RD

City WEST HARTFORD State CT Zip Code 06117-1712

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11.924**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JEANNE J. DANAHER**

Mailing Address P.O. BOX 1857

City LITCHFIELD State CT Zip Code 06759-1857

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2012**

**Transaction ID : SA11.630**

Amount of Each Receipt this Period  
**35.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. HELEN MACDONALD DEGENER**

Mailing Address 130 SHARON MOUNTAIN RD  
P.O. BOX 651

City SHARON State CT Zip Code 06069-2403

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

Name of Employer MAZAMA CAPITAL MGMT Occupation ADVISOR, DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 17 / 2012**

**Transaction ID : SA11.529**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**335.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHARLES J. DELANEY**

Mailing Address **34 LEEUWARDEN ROAD**

City **DARIEN** State **CT** Zip Code **06820-3025**

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

Name of Employer **SELF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2012**

**Transaction ID : SA11.544**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ARTHUR HILL DIEDRICK**

Mailing Address **P.O. BOX 37**  
**P.O. BOX 37**

City **LITCHFIELD** State **CT** Zip Code **06759-0037**

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

Name of Employer **SELF** Occupation **COMMUNICATIONS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2012**

**Transaction ID : SA11.861**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ARTHUR HILL DIEDRICK**

Mailing Address **P.O. BOX 37**  
**P.O. BOX 37**

City **LITCHFIELD** State **CT** Zip Code **06759-0037**

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

Name of Employer **SELF** Occupation **COMMUNICATIONS**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2012**

**Transaction ID : SA11.861B**

Amount of Each Receipt this Period  
**-2500.00**  
 CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

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

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

**5000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ARTHUR HILL DIEDRICK**

Mailing Address P.O. BOX 37  
P.O. BOX 37

City LITCHFIELD State CT Zip Code 06759-0037

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

Name of Employer SELF Occupation COMMUNICATIONS

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : SA11.960**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM CONVENTION

**B.** Full Name (Last, First, Middle Initial)  
**JUDITH DIXON**

Mailing Address 107 OAKDALE AVENUE

City WINSTED State CT Zip Code 06098-1863

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

Name of Employer DIXON AND BROOKS PC Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11.927**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID DOLINSKY**

Mailing Address 73 SCOVILLE RD

City WEST CORNWALL State CT Zip Code 06796-1217

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

Name of Employer DOLINSKY ASSOCIATES Occupation CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2012

**Transaction ID : SA11.509**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1250.00



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

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

FOR LINE NUMBER: PAGE 17 OF 106  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID DOLINSKY**  
 Mailing Address 73 SCOVILLE RD  
 City State Zip Code  
 WEST CORNWALL CT 06796-1217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DOLINSKY ASSOCIATES CONSULTANT  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 15 2012  
**Transaction ID : SA11.650**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELIZABETH K. DONOVAN**  
 Mailing Address 529 MILTON RD  
 City State Zip Code  
 LITCHFIELD CT 06759-2111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CASE FLOW COORDINATOR STATE OF CT JUDICIAL BRANCH  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 31 2012  
**Transaction ID : SA11.943**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. THOMAS PATRICK DORE JR.**  
 Mailing Address 70 SOUTH MAIN STREET  
 City State Zip Code  
 SHARON CT 06069-2246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DAVIS, POLK & WARDELL LAWYER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 29 2012  
**Transaction ID : SA11.583**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PAMELA DOWLING**

Mailing Address **54 WESTWOOD ROAD**

City **WEST HARTFORD** State **CT** Zip Code **06117-2252**

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

Name of Employer **SELF** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2012**

**Transaction ID : SA11.812**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ANNE C. DRANGINIS**

Mailing Address **P.O. BOX 39**

City **LITCHFIELD** State **CT** Zip Code **06759-0039**

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

Name of Employer **ROME MCGWIGAN PC** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11.952**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN DREZEN**

Mailing Address **108 IVES RD**

City **GOSHEN** State **CT** Zip Code **06756-2120**

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

Name of Employer **PORTFOLIO PROPERTIES GROUP, LLC** Occupation **OWNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11.954**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD A. DUPONT**

Mailing Address 51 DEER RUN

City State Zip Code  
WATERTOWN CT 06795-1131

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

Name of Employer Occupation  
RESOURCE DEVELOPMENT ASSOCIATES OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2012

**Transaction ID : SA11.880**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GARY EUCALITTO**

Mailing Address 55 PROPRIETORS LANE

City State Zip Code  
TORRINGTON CT 06790-8602

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

Name of Employer Occupation  
SELF EMPLOYED BUILDER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2012

**Transaction ID : SA11.742**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW L. EVANS**

Mailing Address 4300 400 3RD AVENUE SW

City State Zip Code  
CALGARY CA 00000

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

Name of Employer Occupation  
ARC FINANCIAL CORP SENIOR VICE PRESIDENT AND DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11.919**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN B. FAHEY JR.**

Mailing Address **29 CAMP DUTTON ROAD**  
**P.O. BOX 856**

City **LITCHFIELD** State **CT** Zip Code **06759-4109**

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

Name of Employer **FAHEY REALTORS** Occupation **REALTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11.950**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN M. FENTY**

Mailing Address **450 WEST 17TH STREET**  
**APT 2306**

City **NEW YORK** State **NY** Zip Code **10011-5835**

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

Name of Employer **HAMILTON INV** Occupation **PRIVATE INVESTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2012**

**Transaction ID : SA11.615**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN H. FIELD**

Mailing Address **317 GOSHEN ROAD**

City **LITCHFIELD** State **CT** Zip Code **06759-2404**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11.665**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

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

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

**1450.00**

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

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

FOR LINE NUMBER: PAGE 21 OF 106  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. ANNE J. FITZGERALD**  
 Mailing Address 36 NORTH STREET  
 City State Zip Code  
 WATERTOWN CT 06795-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 WATERTOWN LIBRARY LIBRARIAN  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 07 2012  
**Transaction ID : SA11.616**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ANTHONY FITZGERALD**  
 Mailing Address 36 NORTH STREET  
 City State Zip Code  
 WATERTOWN CT 06795-2106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CARMODY & TORRANCE LAWYER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 05 2012  
**Transaction ID : SA11.582**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MRS. MELANIE M. FLAHERTY**  
 Mailing Address 21 NEILL DR  
 City State Zip Code  
 WATERTOWN CT 06795-1706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 ROBINSON & COLE MANAGER  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 27 2012  
**Transaction ID : SA11.878**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PORTER F. FLEMING**

Mailing Address 116 EAST 63RD STREET, APT. 3B

City NEW YORK	State NY	Zip Code 10065-7265
------------------	-------------	------------------------

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

Name of Employer FROMMER LAWRENCE & HAIG	Occupation ATTORNEY
---	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2012

**Transaction ID : SA11.419**

Amount of Each Receipt this Period  
 100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PORTER F. FLEMING**

Mailing Address 116 EAST 63RD STREET, APT. 3B

City NEW YORK	State NY	Zip Code 10065-7265
------------------	-------------	------------------------

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

Name of Employer FROMMER LAWRENCE & HAIG	Occupation ATTORNEY
---	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11.550**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM A. FLUTY**

Mailing Address 727 STONE CHURCH ROAD

City WHEELING	State WV	Zip Code 26003-7452
------------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation N/A
-----------------------------	-------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2012

**Transaction ID : SA11.422**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

2850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM A. FLUTY**

Mailing Address **727 STONE CHURCH ROAD**

City **WHEELING** State **WV** Zip Code **26003-7452**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 09 / 2012**

**Transaction ID : SA11.423**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM A. FLUTY**

Mailing Address **727 STONE CHURCH ROAD**

City **WHEELING** State **WV** Zip Code **26003-7452**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 09 / 2012**

**Transaction ID : SA11.424**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DAVID J. FRAUENHOFER**

Mailing Address **602 WEST WAKEFIELD ROAD**  
**P.O. BOX 821**

City **WINSTED** State **CT** Zip Code **06098-2928**

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

Name of Employer **WALL, WALL AND FRAUENHOFER** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : SA11.553**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**5500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD FURNISS JR.**

Mailing Address 163 CORNWALL HOLLOW ROAD

City WEST CORNWALL State CT Zip Code 06796-1621

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **570.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2012**

**Transaction ID : SA11.863**

Amount of Each Receipt this Period  
**70.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT W. GARTHWAIT SR.**

Mailing Address PO BOX 1367

City WATERBURY State CT Zip Code 06721-1367

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

Name of Employer CLY. DEL MFG. CO. Occupation CHAIRMAN

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 15 / 2012**

**Transaction ID : SA11.651**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID M. GEREMIA SR**

Mailing Address 10 EVANS PASSWAY

City MORRIS State CT Zip Code 06763-1329

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

Name of Employer DURABLE RADIATOR & AUTO BODY Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2012**

**Transaction ID : SA11.853**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**1070.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM A. GLASER**

Mailing Address **31 WEST 21ST STREET, #10**

City **NEW YORK** State **NY** Zip Code **10010-7044**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 12 / 2012**

**Transaction ID : SA11.692**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. LIONEL GOLDFRANK III**

Mailing Address **MOLE'S HILL FARM  
201 MILLERTON ROAD P.O. BOX 188**

City **SHARON** State **CT** Zip Code **06069-2068**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2012**

**Transaction ID : SA11.892**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES C. GOODALE**

Mailing Address **919 THIRD AVE**

City **NEW YORK** State **NY** Zip Code **10022-3902**

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

Name of Employer **INFORMATION REQUESTED PER BEST EFF** Occupation **INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2012**

**Transaction ID : SA11.888**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LESLIE MACKENZIE GOTTLIEB**

Mailing Address 42 UPPER MAIN STREET

City SHARON State CT Zip Code 06069-2008

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

Name of Employer GREY HOUSE PUBLISHING Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : SA11.587**

Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM W. GRIDLEY**

Mailing Address 697 WEST END AVENUE, APT 11C

City NEW YORK State NY Zip Code 10025-6920

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

Name of Employer HARBOR DRIVE ASSET MANAGEMENT LLC Occupation MANAGING DIRECTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11.612**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. DOUGLAS A. HAMILTON**

Mailing Address 47 TANNER HILL ROAD

City WARREN State CT Zip Code 06777-1118

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

Name of Employer SELF EMPLOYED Occupation PRIVATE INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11.608**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

2950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>WILLIAM A. HAMZY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012
Mailing Address 2 MINOR ROAD		<b>Transaction ID : SA11.905</b>
City TERRYVILLE	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer THE HAMZY LAW FIRM, LLC	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>MRS. DREW HARLOW</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 22 / 2012
Mailing Address P.O. BOX 96 93 BALDWIN HILL RD.		<b>Transaction ID : SA11.748</b>
City LITCHFIELD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) <b>WILLIAM REES HARRIS JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2012
Mailing Address PO BOX 629 30 WASHNEE HT		<b>Transaction ID : SA11.491</b>
City SALISBURY	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer SELF-EMPLOYED	Occupation PILOT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> 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 28 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DEBORAH R. HARTNETT**

Mailing Address P.O. BOX 1585

City State Zip Code  
LITCHFIELD CT 06759-1585

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

Name of Employer Occupation  
NOVENS ADMINISTRATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11.947**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD P. HAYES JR.**

Mailing Address 1481 PLEASANT VALLEY ROAD

City State Zip Code  
MANCHESTER CT 06042-1664

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

Name of Employer Occupation  
SELF REAL ESTATE DEVELOPER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2012

**Transaction ID : SA11.578**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ARNOLD J. HEIMLER**

Mailing Address 198 BENTON ROAD  
P.O. BOX 358

City State Zip Code  
MORRIS CT 06763-1825

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11.909**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CHRISTOPHER M. HILL**

Mailing Address 18 WESTOVER LANE  
P.O. BOX 940

City LITCHFIELD State CT Zip Code 06759-3923

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

Name of Employer LITCHFIELD FORD Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : SA11.629**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. JANE B. HINKEL**

Mailing Address 149 OLD SOUTH RD

City LITCHFIELD State CT Zip Code 06759-4001

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

Name of Employer FAHEY & ASSOCIATES Occupation REALTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2012

**Transaction ID : SA11.751**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT F. HOERLE**

Mailing Address 155 EAST 72

City NEW YORK State NY Zip Code 10021-4371

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

Name of Employer STONE RUN CAPITAL LLC Occupation INVESTMENT MANAGEMENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 24 / 2012

**Transaction ID : SA11.547**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT F. HOERLE**

Mailing Address 155 EAST 72

City NEW YORK State NY Zip Code 10021-4371

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

Name of Employer STONE RUN CAPITAL LLC Occupation INVESTMENT MANAGEMENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012

**Transaction ID : SA11.548**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**SHEILA HOERLE**

Mailing Address 155 EAST 72ND ST

City NEW YORK State NY Zip Code 10021-4371

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : SA11.902**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ANDREW M. HOFFMAN**

Mailing Address 237 E. 17TH STREET APT 430

City NEW YORK State NY Zip Code 10003-3664

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

Name of Employer HSBC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11.614**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

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

5250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**I. BRADLEY HOFFMAN**

Mailing Address P.O. BOX 280952

City EAST HARTFORD State CT Zip Code 06128-0952

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

Name of Employer HOFFMAN AUTO GROUP Occupation AUTOMOBILE DEALER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11.867**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PETER HOUDLIN**

Mailing Address 77 RIVER ROAD

City WASHINGTON DEPOT State CT Zip Code 06794-1513

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

Name of Employer ERICSON INSURANCE SERVICES LLC Occupation INSURANCE AGENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2012

**Transaction ID : SA11.500**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. SPENCER M. HOULDIN**

Mailing Address 84 GARNET ROAD

City ROXBURY State CT Zip Code 06783-2033

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

Name of Employer ERICSON INSURANCE Occupation INSURANCE AGENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2012

**Transaction ID : SA11.499**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN ILANY**

Mailing Address **212 GRANTVILLE ROAD**

City **WINSTED** State **CT** Zip Code **06098-2404**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2012**

**Transaction ID : SA11.632**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN ILANY**

Mailing Address **212 GRANTVILLE ROAD**

City **WINSTED** State **CT** Zip Code **06098-2404**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2012**

**Transaction ID : SA11.632B**

Amount of Each Receipt this Period  
**-2500.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN ILANY**

Mailing Address **212 GRANTVILLE ROAD**

City **WINSTED** State **CT** Zip Code **06098-2404**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 08 / 2012**

**Transaction ID : SA11.969**

Amount of Each Receipt this Period  
**2500.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM CONVENTION**

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

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

**5000.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**IAN M. INGERSOLL**

Mailing Address 136 TOWN ST

City WEST CORNWALL State CT Zip Code 06796-1611

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

Name of Employer SELF-EMPLOYED Occupation CABINETMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11.940**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN E. JANCO SR.**

Mailing Address 213 ALLISON DRIVE

City TORRINGTON State CT Zip Code 06790-3151

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

Name of Employer TORRINGTON SAVINGS BANK Occupation BANK OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2012

**Transaction ID : SA11.762**

Amount of Each Receipt this Period  
 50.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JAMES F. JOHNSON**

Mailing Address 134 HAGEMAN SHEAN RD

City GOSHEN State CT Zip Code 06756-1103

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

Name of Employer RETIRED Occupation LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2012

**Transaction ID : SA11.496**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**THEODORE H. JOHNSON**

Mailing Address 141 S. MOUNTAIN DR

City State Zip Code  
NEW BRITAIN CT 06052-1511

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.494**

Amount of Each Receipt this Period

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KATHY K. JORGENSEN**

Mailing Address P.O. BOX 91  
P.O. BOX 91

City State Zip Code  
GOSHEN CT 06756-0091

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
STITCHES LLC OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.719**

Amount of Each Receipt this Period

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. FREDERICK KAUFMAN**

Mailing Address 176 BROADWAY APT 11E

City State Zip Code  
NEW YORK NY 10038-2518

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
CUNY PROFESSOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11.611**

Amount of Each Receipt this Period

CONTRIBUTION

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

**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 35 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. RUTH C. KEEFE**

Mailing Address P.O. BOX 234  
P.O. BOX 234

City LITCHFIELD State CT Zip Code 06759-0234

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
285.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2012

**Transaction ID : SA11.720**

Amount of Each Receipt this Period  
35.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WENDY KERN**

Mailing Address 62 COLONY RD

City WEST HARTFORD State CT Zip Code 06117-2216

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.822**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM H. KETCHAM**

Mailing Address 516 36TH AVE E.

City SEATTLE State WA Zip Code 98112-4223

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

Name of Employer SARAFIN PARTNERS LLC Occupation MANAGING PARTNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 09 / 2012

**Transaction ID : SA11.416**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

2535.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL H. KRAUT**

Mailing Address 163 BEACH STREET

City State Zip Code  
LITCHFIELD CT 06759-2310

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 14 / 2012

**Transaction ID : SA11.672**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. BRADLEY KULMAN**

Mailing Address 336 W. END AVE APT 11C

City State Zip Code  
NEW YORK NY 10023-8123

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

Name of Employer Occupation  
STROOCK & STROOCK & LAWYERS LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : SA11.613**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE LACAPRA JR.**

Mailing Address 181 CURTISS LANE

City State Zip Code  
WATERTOWN CT 06795-1366

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

Name of Employer Occupation  
UNIMETAL SURFACE FINISHING, LLC EXECUTIVE MANAGEMENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 17 / 2012

**Transaction ID : SA11.702**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JEFFREY A. LALONDE**

Mailing Address 208 WELLSFORD DRIVE

City State Zip Code  
GOSHEN CT 06756-1903

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

Name of Employer Occupation  
TORRINGTON SAVINGS BANK BANKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11.789**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. J. ALLEN LAMB**

Mailing Address PO BOX 306

City State Zip Code  
SOUTHINGTON CT 06489-0306

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

Name of Employer Occupation  
SYSTEM AIRE SUPPLY CORP PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012

**Transaction ID : SA11.653**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JEDD F. LEVINE**

Mailing Address 84 PROSPECT STREET

City State Zip Code  
LITCHFIELD CT 06759-2502

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

Name of Employer Occupation  
NW CANCER CENTER DOCTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11.552**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>MRS. DIANE V. LIBBY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012
Mailing Address 334 ALLISON DR		<b>Transaction ID : SA11.898</b>
City TORRINGTON	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer ADAMSSAMARTINO	Occupation CPA	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Gail Lilly</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 2580 Pine Lake Road		<b>Transaction ID : SA16.200</b>
City Orchard Lake	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 0.00	

Full Name (Last, First, Middle Initial) <b>DOUGLAS FRED LONDAL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2012
Mailing Address 29 STURGIS ROAD 29 STURGIS ROAD		<b>Transaction ID : SA11.434</b>
City BRONXVILLE	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer NEW MOUNTAIN CAPITAL	Occupation PRIVATE EQUITY	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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 39 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>MR. JOHN R. LUCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 27 / 2012
Mailing Address 88 BLUE RIDGE DR		<b>Transaction ID : SA11.493</b>
City SIMSBURY	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer DELOITTE CONSULTING LLP	Occupation MANAGEMENT CONSULTANT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00	

Full Name (Last, First, Middle Initial) <b>MR. JOHN R. LUCKER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 19 / 2012
Mailing Address 88 BLUE RIDGE DR		<b>Transaction ID : SA11.722</b>
City SIMSBURY	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer DELOITTE CONSULTING LLP	Occupation MANAGEMENT CONSULTANT	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 320.00	

Full Name (Last, First, Middle Initial) <b>JAMES B. LYON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 19 / 2012
Mailing Address CITY PLACE 1		<b>Transaction ID : SA11.470</b>
City HARTFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MURTHA CULLINA	Occupation ATTORNEY	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	570.00
<b>TOTAL</b> 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 40 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT A. MADDOX JR.**

Mailing Address 104 DEERWOOD DRIVE

City State Zip Code  
BETHLEHEM CT 06751-2304

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

Name of Employer Occupation  
STERLING PLANET CHIEF SUSTAINABILITY OFFICER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : SA11.666**

Amount of Each Receipt this Period  
140.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JONATHAN MALKIN**

Mailing Address 770 LEXINGTON AVE

City State Zip Code  
NEW YORK NY 10065-8165

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

Name of Employer Occupation  
ATP CAPITAL FOUNDER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.894**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELAINE MARSHALL**

Mailing Address 341 MILTON RD

City State Zip Code  
LITCHFIELD CT 06759-2203

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.844**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1390.00



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

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

FOR LINE NUMBER: PAGE 41 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. BRIAN E. MATTIELLO**

Mailing Address 636 EAST MAIN STREET

City State Zip Code  
TORRINGTON CT 06790-5609

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

Name of Employer Occupation  
CHARLOTTE HUNGERFORD ADMINISTRATOR

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2012

**Transaction ID : SA11.730**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**STEVEN R. MCCOY M.D.**

Mailing Address 95 MARSH RD

City State Zip Code  
LITCHFIELD CT 06759-3012

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

Name of Employer Occupation  
LITCHFIELD HILLS ORTHOPEDICS M.D.

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.813**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. H. BRUCE MCEVER**

Mailing Address 198 WEATOGUE RD

City State Zip Code  
SALISBURY CT 06068-1421

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

Name of Employer Occupation  
BERKSHIRE CAPITAL SEC INVESTMENT BANKER

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 22 / 2012

**Transaction ID : SA11.750**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN A. MCLENDON SR**

Mailing Address 46 SPEYSIDE CIR

City State Zip Code  
PITTSBORO NC 27312-8638

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11.931**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. AL MENCUCINI**

Mailing Address 215 WELLSFORD ROAD

City State Zip Code  
GOSHEN CT 06756-1904

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

Name of Employer Occupation  
LOGAN AND MENCUCINI INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2012

**Transaction ID : SA11.633**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. GEORGIANNA L. MIDDLEBROOK**

Mailing Address 204 NETTLETON HOLLOW ROAD

City State Zip Code  
WASHINGTON CT 06793-1611

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11.787**

Amount of Each Receipt this Period  
200.00  
CONTRIBUTION

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

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

700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NICHOLAS J. MOORE**

Mailing Address 88 BUTTER RD  
P.O. BOX 457

City SHARON State CT Zip Code 06069-2407

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

Name of Employer SELF EMPLOYEED Occupation CONTRACTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2012

**Transaction ID : SA11.510**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN W. MOROSANI**

Mailing Address 164 WIGWAM ROAD

City LITCHFIELD State CT Zip Code 06759-3827

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

Name of Employer LAUREL RIDGE FARM Occupation FARMER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11.946**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN MOSLER**

Mailing Address 89 MURRAY 120

City NEW YORK State NY Zip Code 10007-2281

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

Name of Employer SELF Occupation SCULPTER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 08 / 2012

**Transaction ID : SA11.609**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE MOTEL III**

Mailing Address 599 OLD MIDDLE ST

City State Zip Code  
GOSHEN CT 06756-2205

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

Name of Employer Occupation  
SUNSET MEADOW VINEYARDS INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.821**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**KEVIN MOYNIHAN**

Mailing Address 135 OENOKE RIDGE

City State Zip Code  
NEW CANAAN CT 06840-4107

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

Name of Employer Occupation  
N/A RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11.944**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DECLAN MURPHY**

Mailing Address P.O. BOX 1585

City State Zip Code  
LITCHFIELD CT 06759-1585

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

Name of Employer Occupation  
NOVENS INC PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11.948**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. VICTOR M. MUSCHELL**

Mailing Address 2700 TORRINGFORD STREET

City TORRINGTON State CT Zip Code 06790-2313

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

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **320.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 20 / 2012**

**Transaction ID : SA11.763**

Amount of Each Receipt this Period  
**70.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. ALEXANDER NEAVE**

Mailing Address 521 FIFTH AVENUE  
PUTNEY, TWOMBLY, HALL AND HIRSON

City NEW YORK State NY Zip Code 10175-0003

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

Name of Employer PUTNEY, TWOMBLY, HALL AND HIRSON Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2012**

**Transaction ID : SA11.721**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MARK D. NIELSEN**

Mailing Address 3 PARLEY LANE

City RIDGEFIELD State CT Zip Code 06877-4903

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

Name of Employer PRAXAIR Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 06 / 2012**

**Transaction ID : SA11.512**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1170.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOSE W. NOYES**

Mailing Address 12 HERB ROAD

City SHARON State CT Zip Code 06069-2326

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : SA11.586**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. KAREN NUGENT**

Mailing Address 334 SOUTH ST  
P.O. BOX 1588

City LITCHFIELD State CT Zip Code 06759-4008

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

Name of Employer THE FORMAN SCHOOL Occupation REGISTERED NURSE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 22 / 2012**

**Transaction ID : SA11.749**

Amount of Each Receipt this Period  
**50.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM O. NUTTING**

Mailing Address P.O. BOX 6725  
21 PARK RD

City WHEELING State WV Zip Code 26003-0916

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

Name of Employer OGDEN NEWSPAPER INC Occupation EXEC/LAWYER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2012**

**Transaction ID : SA11.889**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**3050.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES P. O'LEARY**

Mailing Address 235 HAGEMAN-SHEAN ROAD

City State Zip Code  
GOSHEN CT 06756-1104

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 09 / 2012

**Transaction ID : SA11.427**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RAYMOND R. ONEGLIA**

Mailing Address 70 CARRIAGG LANE

City State Zip Code  
LITCHFIELD CT 06759-2327

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

Name of Employer Occupation  
O & G CONSTRUCTION EXEC.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : SA11.862**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. RAYMOND R. ONEGLIA**

Mailing Address 70 CARRIAGG LANE

City State Zip Code  
LITCHFIELD CT 06759-2327

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

Name of Employer Occupation  
O & G CONSTRUCTION EXEC.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : SA11.862B**

Amount of Each Receipt this Period  
-1000.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. RAYMOND R. ONEGLIA**

Mailing Address 70 CARRIAGG LANE

City State Zip Code  
LITCHFIELD CT 06759-2327

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

Name of Employer Occupation  
O & G CONSTRUCTION EXEC.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 27 / 2012

**Transaction ID : SA11.967**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM CONVENTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JACK ORCHULLI**

Mailing Address 446 HOLLOW TREE RIDGE ROAD

City State Zip Code  
DARIEN CT 06820-3031

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 07 / 2012

**Transaction ID : SA11.501**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. BENJAMIN H. PALETSKY**

Mailing Address 43 BENTON RD

City State Zip Code  
MORRIS CT 06763-1821

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

Name of Employer Occupation  
E. INK HOLDINGS MARKETING MANAGER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : SA11.652**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

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

800.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. ROBERT L. PARKER**

Mailing Address P.O. BOX 1424

City WASHINGTON State CT Zip Code 06793-0424

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

Name of Employer BANK OF AMERICA Occupation BANKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11.803**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. ANN B. PATTON**

Mailing Address P.O. BOX 1566

City LAKEVILLE State CT Zip Code 06039-1566

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 02 / 27 / 2012

**Transaction ID : SA11.565**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JAMES N. PERKINS**

Mailing Address 5 CONBOY HEIGHTS

City KENT State CT Zip Code 06757-1427

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

Name of Employer SELF Occupation SELF-EMPLOYED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2012

**Transaction ID : SA11.761**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SHERRY PHILLIPS**

Mailing Address 58 MEMORIAL ROAD

City WEST HARTFORD State CT Zip Code 06107-2207

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

Name of Employer PER SE, LLC Occupation OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2012

**Transaction ID : SA11.471**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**CARYL D. PLUNKETT**

Mailing Address 45 BENEDICT AVENUE

City TARRYTOWN State NY Zip Code 10591-4131

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

Name of Employer PLUNKETT & JAFFE GROUP Occupation ADMINISTRATOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2012

**Transaction ID : SA11.953**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LESLIE J. POLITO**

Mailing Address 36 DUDLEY ROAD

City LITCHFIELD State CT Zip Code 06759-3108

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

Name of Employer TORRINGTON AREA HEALTH DISTRICT Occupation R.N.

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012

**Transaction ID : SA11.790**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. G. RICHARD REIS**

Mailing Address 119 BRYNMOOR CT

City State Zip Code  
GOSHEN CT 06756-2135

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**375.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 16 / 2012**

**Transaction ID : SA11.664**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DEBORAH REYELT**

Mailing Address 2 UPPER MAIN STREET  
P.O. BOX 206

City State Zip Code  
SHARON CT 06069-2008

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : SA11.569**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN B. RHODES**

Mailing Address 74 FIFTH AVENUE  
APT 9A

City State Zip Code  
NEW YORK NY 10011-8007

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 / 08 / 2012**

**Transaction ID : SA11.610**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**675.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN RITTER**

Mailing Address 37 SUNSET FARM ROAD

City WEST HARTFORD State CT Zip Code 06107-1313

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

Name of Employer FIRST NEW ENGLAND CAPITAL Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11.811**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JOHN RITTER**

Mailing Address 37 SUNSET FARM ROAD

City WEST HARTFORD State CT Zip Code 06107-1313

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

Name of Employer FIRST NEW ENGLAND CAPITAL Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11.811B**

Amount of Each Receipt this Period  
 -250.00  
 CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**JOHN RITTER**

Mailing Address 37 SUNSET FARM ROAD

City WEST HARTFORD State CT Zip Code 06107-1313

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

Name of Employer FIRST NEW ENGLAND CAPITAL Occupation ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11.959**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**[MEMO ITEM]**  
 REDESIGNATION FROM CONVENTION

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANNABELLE ROBBINS**

Mailing Address **3 HYERDALE COURT**

City **GOSHEN** State **CT** Zip Code **06756-1718**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2012**

**Transaction ID : SA11.824**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES K. ROBERTSON JR.**

Mailing Address **54 OTIS DR.**

City **WATERTOWN** State **CT** Zip Code **06795-1504**

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

Name of Employer **CARMODY & TORRENCE** Occupation **ATTORNEY**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 27 / 2012**

**Transaction ID : SA11.874**

Amount of Each Receipt this Period  
**200.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARY B. ROBERTSON**

Mailing Address **P.O. BOX 1738  
28 JEWETT HILL RD.**

City **SHARON** State **CT** Zip Code **06069-1738**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5470.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : SA11.564**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARY B. ROBERTSON**

Mailing Address P.O. BOX 1738  
28 JEWETT HILL RD.

City SHARON State CT Zip Code 06069-1738

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5470.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11.606**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARY B. ROBERTSON**

Mailing Address P.O. BOX 1738  
28 JEWETT HILL RD.

City SHARON State CT Zip Code 06069-1738

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5470.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11.606B**

Amount of Each Receipt this Period  
 -250.00  
 CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO PRIMARY

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARY B. ROBERTSON**

Mailing Address P.O. BOX 1738  
28 JEWETT HILL RD.

City SHARON State CT Zip Code 06069-1738

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5470.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2012

**Transaction ID : SA11.961**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM CONVENTION

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARY B. ROBERTSON**

Mailing Address P.O. BOX 1738  
28 JEWETT HILL RD.

City SHARON State CT Zip Code 06069-1738

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5470.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11.800**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. MARY B. ROBERTSON**

Mailing Address P.O. BOX 1738  
28 JEWETT HILL RD.

City SHARON State CT Zip Code 06069-1738

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5470.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11.800B**

Amount of Each Receipt this Period  
-500.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO GENERAL**

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARY B. ROBERTSON**

Mailing Address P.O. BOX 1738  
28 JEWETT HILL RD.

City SHARON State CT Zip Code 06069-1738

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5470.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2012

**Transaction ID : SA11.962B**

Amount of Each Receipt this Period  
-30.00

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARY B. ROBERTSON**

Mailing Address P.O. BOX 1738  
28 JEWETT HILL RD.

City SHARON State CT Zip Code 06069-1738

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5470.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.964**

Amount of Each Receipt this Period  
30.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM GENERAL

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD F. ROCHOW**

Mailing Address 2009 ROCKY BRANCH DRIVE

City FOREST State VA Zip Code 24551-2954

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

Name of Employer NOVATECH Occupation PRESIDENT/OWNER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 17 / 2012

**Transaction ID : SA11.531**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOHN P. ROGAN**

Mailing Address 5 PHEASANT LANE SPUR

City GREENWICH State CT Zip Code 06830-3817

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

Name of Employer RUSSELL REYNOLDS ASSOCIATES Occupation SEARCH CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 08 / 2012

**Transaction ID : SA11.607**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

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

500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. NORMAN ROGERS**

Mailing Address 165 STEDMAN ROAD

City State Zip Code  
NEW HARTFORD CT 06057-3111

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

Name of Employer Occupation  
SELF ATTORNEY

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2012

**Transaction ID : SA11.558**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PAUL C. ROONEY JR.**

Mailing Address 11 LILAC LANE

City State Zip Code  
SHARON CT 06069-2302

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2012

**Transaction ID : SA11.561**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LINDA ROTH**

Mailing Address 1750 WEED RD

City State Zip Code  
TORRINGTON CT 06790-4341

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

Name of Employer Occupation  
ELEVATOR SERVICE CO INC PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.841**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**FRANCIS E. RYAN**

Mailing Address **78 ASHLEY DR**

City **GOSHEN** State **CT** Zip Code **06756-1813**

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

Name of Employer **NORTHWEST HILLS RESTORATION** Occupation **CONTRACTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11.955**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP SAMPONARO**

Mailing Address **P.O. BOX 245**

City **LITCHFIELD** State **CT** Zip Code **06759-0245**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 26 / 2012**

**Transaction ID : SA11.838**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. PHILIP SAMPONARO**

Mailing Address **P.O. BOX 245**

City **LITCHFIELD** State **CT** Zip Code **06759-0245**

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

Name of Employer **N/A** Occupation **RETIRED**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 31 / 2012**

**Transaction ID : SA11.949**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

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

**2000.00**

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>ALLYN SEYMOUR JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 26 / 2012
Mailing Address 42 WESTWOOD RD		<b>Transaction ID : SA11.810</b>
City WEST HARTFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer RETIRED	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	

Full Name (Last, First, Middle Initial) <b>MR. THOMAS L. SEYMOUR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2012
Mailing Address 62 COLONY ROAD		<b>Transaction ID : SA11.605</b>
City WEST HARTFORD	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation N/A	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) <b>MR. DANIEL SHERR</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2012
Mailing Address 19 COOK STREET		<b>Transaction ID : SA11.533</b>
City WASHINGTON DEPOT	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1050.00
Name of Employer VALASSIS	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Election Cycle-to-Date 2550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> 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 60 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL SHERR**

Mailing Address 19 COOK STREET

City State Zip Code  
WASHINGTON DEPOT CT 06794-1509

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

Name of Employer Occupation  
VALASSIS EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.801**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL SHERR**

Mailing Address 19 COOK STREET

City State Zip Code  
WASHINGTON DEPOT CT 06794-1509

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

Name of Employer Occupation  
VALASSIS EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.801B**

Amount of Each Receipt this Period  
-50.00  
CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION TO PRIMARY**

**C.** Full Name (Last, First, Middle Initial)  
**MR. DANIEL SHERR**

Mailing Address 19 COOK STREET

City State Zip Code  
WASHINGTON DEPOT CT 06794-1509

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

Name of Employer Occupation  
VALASSIS EXECUTIVE

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.966**

Amount of Each Receipt this Period  
50.00  
CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM CONVENTION**

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NOEL A. SLOAN**

Mailing Address **23 SMITH HILL LANE**

City **SALISBURY** State **CT** Zip Code **06068**

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

Name of Employer **BROWN BROTHERS HARRIMAN** Occupation **PRIVATE BANKER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 09 / 2012**

**Transaction ID : SA11.425**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JAMES SMITH**

Mailing Address **2 LEDGEWOOD RD**

City **WINCHESTER** State **MA** Zip Code **01890-3121**

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

Name of Employer **FORDHAM UNIVERSITY** Occupation **STUDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 22 / 2012**

**Transaction ID : SA11.785**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DR. ORA K. SMITH**

Mailing Address **10 GRACIE SQUARE, APT 10A**

City **NEW YORK** State **NY** Zip Code **10028-8031**

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

Name of Employer **RETIRED** Occupation **N/A**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 27 / 2012**

**Transaction ID : SA11.551**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. CLAYTON BLANCHARD SPENCER**

Mailing Address 219 CHESTNUT HILL RD

City LITCHFIELD State CT Zip Code 06759-4104

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

Name of Employer SELF Occupation CONSULTANT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11.689**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. JOHN H. STAUB**

Mailing Address 19 WOLCOTT ROAD

City LITCHFIELD State CT Zip Code 06759-3509

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2012

**Transaction ID : SA11.704**

Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARSHA MELINDA STERLING**

Mailing Address 254 GRANTVILLE RD  
P.O. BOX 128

City WINSTED State CT Zip Code 06098-2436

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

Name of Employer CETIRE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2012

**Transaction ID : SA11.752**

Amount of Each Receipt this Period  
 210.00  
 CONTRIBUTION

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

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

**410.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MS. MARSHA MELINDA STERLING**

Mailing Address 254 GRANTVILLE RD  
P.O. BOX 128

City WINSTED State CT Zip Code 06098-2436

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

Name of Employer CETIRE Occupation RETIRED

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11.951**

Amount of Each Receipt this Period  
2000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. DAVID S. STUTT**

Mailing Address 529 2ND STREET

City BROOKLYN State NY Zip Code 11215-2607

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

Name of Employer SELF-EMPLOYED Occupation INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 28 / 2012

**Transaction ID : SA11.574**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MATTHEW SWEET**

Mailing Address P.O. BOX 323

City GOSHEN State CT Zip Code 06756-0323

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

Name of Employer UNION SAVINGS Occupation FINANCIAL ADVISOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.820**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. WILLIAM J. SWEETMAN**

Mailing Address 1612 MANCHESTER COURT

City State Zip Code  
NAPLES FL 34109-0429

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

Name of Employer Occupation  
DWAN AND COMPANY BEER WHOLESALER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 15 / 2012

**Transaction ID : SA11.517**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**PETER J. TAVINO**

Mailing Address 68 SOUTH STREET  
P.O. BOX 1766

City State Zip Code  
LITCHFIELD CT 06759-4022

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

Name of Employer Occupation  
SELF ENGINEERING

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2012

**Transaction ID : SA11.592**

Amount of Each Receipt this Period  
100.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. GEORGE TIERNEY**

Mailing Address 4718 CONGRESS STREET

City State Zip Code  
FAIRFIELD CT 06824-1721

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

Name of Employer Occupation  
CITI GROUP BANKING

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2012

**Transaction ID : SA11.639**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

1600.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. PETER TILLOU**

Mailing Address 109 PROSPECT ST  
P.O. BOX 145

City LITCHFIELD State CT Zip Code 06759-2503

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

Name of Employer PETER TILLOU FINE ARTS Occupation FINE ART DEALER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11.918**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MRS. LILLIAN E. TOBIN**

Mailing Address 14 WELDON CT

City GOSHEN State CT Zip Code 06756-1701

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2012

**Transaction ID : SA11.705**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**D. H. TOWNSEND**

Mailing Address 8660 SEACREST DR

City VERO BEACH State FL Zip Code 32963-9602

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

Name of Employer RETIRED Occupation N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11.849**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 66 OF 106  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. JOHN WYATT UHLEIN**

Mailing Address 19 SAW MILL ROAD

City State Zip Code  
LITCHFIELD CT 06759-2001

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**575.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2012**

**Transaction ID : SA11.718**

Amount of Each Receipt this Period  
**75.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MS. NANCY R. WADHAMS**

Mailing Address 533 OLD MIDDLE STREET

City State Zip Code  
GOSHEN CT 06756-2205

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

Name of Employer Occupation  
RETIRED N/A

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 19 / 2012**

**Transaction ID : SA11.729**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ANNICK FAURE WADSWORTH**

Mailing Address 183 WALNUT STREET

City State Zip Code  
BROOKLINE MA 02445-6728

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 09 / 2012**

**Transaction ID : SA11.417**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**2675.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MR. DAVID J. WATSON**

Mailing Address 5080 N. 40TH STREET, SUITE 375

City PHOENIX State AZ Zip Code 85018-2190

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

Name of Employer SELF Occupation INVESTOR

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2012

**Transaction ID : SA11.545**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**HENRY FRANK WEEDEN**

Mailing Address 256 ALLEN STREET

City TRENTON State NJ Zip Code 08618-3907

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

Name of Employer ANA DESIGN CORP Occupation OWNER/CANDLE MANUFACTURER

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2012

**Transaction ID : SA11.433**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. JOSHUA J. WEEKS**

Mailing Address 9 RIDING CLUB ROAD

City WILTON State CT Zip Code 06897-1734

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

Name of Employer DANBURY PORSCHE Occupation PRESIDENT

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2012

**Transaction ID : SA11.593**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 68 OF 106  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SARAH K. WELCH**

Mailing Address **P.O. BOX 128**

City **LITCHFIELD** State **CT** Zip Code **06759**

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

Name of Employer **AXA ADVISORS** Occupation **FINANCIAL CONSULTANT**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2012**

**Transaction ID : SA11.958**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. RICHARD V. WIEHL**

Mailing Address **204 SPRING HILL RD**

City **TRUMBULL** State **CT** Zip Code **06611-1356**

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

Name of Employer **CONSUMER PETROLEUM** Occupation **EXECUTIVE**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11.911**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MS. MARY C. WILLIAMS**

Mailing Address **28 LANE STREET**

City **KENT** State **CT** Zip Code **06757-1322**

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

Name of Employer **TOWN OF KENT** Occupation **SELECTMAN**

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 05 / 2012**

**Transaction ID : SA11.589**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**3250.00**

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 69 OF 106

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MRS. ELAINE WITHERSPOON**  
 Mailing Address 90 CHESTNUT HILL ROAD  
 City State Zip Code  
 LITCHFIELD CT 06759-4103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED N/A  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 23 / 2012  
**Transaction ID : SA11.786**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**TERRIE E. WOOD**  
 Mailing Address 50 SAINT NICHOLAS ROAD  
 City State Zip Code  
 DARIEN CT 06820-2823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 STATE OF CT REPRESENTATIVE  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2462.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11.649**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EDWARD WRIGHT**  
 Mailing Address 125 MILTON ROAD  
 City State Zip Code  
 GOSHEN CT 06756-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FAY & WRIGHT INC CONTRACTOR  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 07 / 2012  
**Transaction ID : SA11.618**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

2100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 106
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANTHONY YURGAITIS**

Mailing Address **31 WEST 54TH ST**

City **NEW YORK** State **NY** Zip Code **10019-5404**

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

Name of Employer **MANOLO BLAHNIK USA, LTD** Occupation **PARTNER**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 30 / 2012**

**Transaction ID : SA11.907**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. GERALD ZORDAN**

Mailing Address **P.O. BOX 926**

City **TORRINGTON** State **CT** Zip Code **06790-0926**

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

Name of Employer **BORGESON UNIVERSAL** Occupation **PRESIDENT**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 06 / 2012**

**Transaction ID : SA11.591**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**JULIE G. ZYLA**

Mailing Address **30 HICKORY LANE**

City **WEST HARTFORD** State **CT** Zip Code **06107-1134**

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

Name of Employer **CIGNA** Occupation **MARKETING COMMUNICATIONS DIRECTOR**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2012**

**Transaction ID : SA11.823**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

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

**850.00**

**108170.00**

**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)		PAGE 71 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cheshire RTC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2012
Mailing Address 1068 Avon Blvd		Amount of Each Disbursement this Period 22.00
City Cheshire	State CT Zip Code 06410	
Purpose of Disbursement campaign event dinner fee	Category/Type 007	<b>Transaction ID : 59</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. New Britain Republican Town Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address P.O. Box 1630		Amount of Each Disbursement this Period 75.00
City New Britain	State CT Zip Code 06053	
Purpose of Disbursement AD Book	Category/Type 007	<b>Transaction ID : 37</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Plainville Republican Town Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address Sherman St		Amount of Each Disbursement this Period 105.00
City Plainville	State CT Zip Code 06062	
Purpose of Disbursement campaign event dinner fee	Category/Type 007	<b>Transaction ID : 39</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	202.00
<b>TOTAL</b> 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 72 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Plymouth Republican Town Committee</b>			Date of Disbursement MM / DD / YYYY 02 / 24 / 2012	
Mailing Address 4 Arrow Drive			Amount of Each Disbursement this Period 513.75	
City Terryville	State CT	Zip Code 06786	Transaction ID : 36	
Purpose of Disbursement Campaign Event Dinner Fee		Category/ Type 007		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Blagys</b>			Date of Disbursement MM / DD / YYYY 02 / 13 / 2012	
Mailing Address 65 Clarkson Street			Amount of Each Disbursement this Period 108.75	
City Bridgeport	State CT	Zip Code 06605	Transaction ID : 22	
Purpose of Disbursement Data Entry Service		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Marc Dillion</b>			Date of Disbursement MM / DD / YYYY 01 / 02 / 2012	
Mailing Address Park Ave			Amount of Each Disbursement this Period 300.00	
City Canaan	State CT	Zip Code 06018	Transaction ID : 1	
Purpose of Disbursement Consulting Service convention		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	513.75
<b>TOTAL</b> 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 73 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marc Dillion</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address Park Ave		Amount of Each Disbursement this Period 3000.00
City Canaan	State CT	
Zip Code 06018	Purpose of Disbursement Consultant Service convention	<b>Transaction ID : 47</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kara Dowling</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address P.O. Box 357		Amount of Each Disbursement this Period 274.22
City Goshen	State CT	
Zip Code 06756	Purpose of Disbursement Event Reimbursement	<b>Transaction ID : 11</b>
Candidate Name	003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 575.29
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement Salary	<b>Transaction ID : 18</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3849.51
<b>TOTAL</b> 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 74 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 575.29	
City Watertown	State CT	Zip Code 06795	Transaction ID : 30	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 1150.00	
City Watertown	State CT	Zip Code 06795	Transaction ID : 34	
Purpose of Disbursement Salary		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2012	
Mailing Address 48 North Street			Amount of Each Disbursement this Period 217.47	
City Watertown	State CT	Zip Code 06795	Transaction ID : 43	
Purpose of Disbursement mileage Reimbursement		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1942.76
<b>TOTAL</b> 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 75 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.38
City Watertown	State CT	
Purpose of Disbursement salary	Category/ Type 001	
Candidate Name		Transaction ID : 44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 67.78
City Watertown	State CT	
Purpose of Disbursement reimburse photo prints	Category/ Type 001	
Candidate Name		Transaction ID : 49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>c. Chris DuPont</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 48 North Street		Amount of Each Disbursement this Period 1150.58
City Watertown	State CT	
Purpose of Disbursement salary	Category/ Type 001	
Candidate Name		Transaction ID : 61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2368.74
<b>TOTAL</b> 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 76 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 07 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 2808.02
City CANAAN	State CT	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name		Transaction ID : 19
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00
City CANAAN	State CT	
Purpose of Disbursement Salary	Category/ Type 001	
Candidate Name		Transaction ID : 35
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00
City CANAAN	State CT	
Purpose of Disbursement salary	Category/ Type 001	
Candidate Name		Transaction ID : 45
Office Sought:	Disbursement For:	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5054.02
<b>TOTAL</b> 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 77 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Anna-Elysapeth McGuire</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 49 ALLYNDALE ROAD		Amount of Each Disbursement this Period 1123.00 <b>Transaction ID : 62</b>
City CANAAN	State CT	
Purpose of Disbursement Salary	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Emily Minacci</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address Marilyn Lane		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : 62B</b>
City Canaan	State CT	
Purpose of Disbursement Data Entry	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Andrew Roraback</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address P.O. BOX 357		Amount of Each Disbursement this Period 176.00 <b>Transaction ID : 12</b>
City GOSHEN	State CT	
Purpose of Disbursement reimbursement stamps	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1499.00
<b>TOTAL</b> 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 78 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Andrew Roraback</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address P.O. BOX 357		Amount of Each Disbursement this Period 392.17
City GOSHEN	State CT	
Zip Code 06756	Purpose of Disbursement Reimbursement printing	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Andrew Roraback</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address P.O. BOX 357		Amount of Each Disbursement this Period 862.62
City GOSHEN	State CT	
Zip Code 06756	Purpose of Disbursement mileage Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Tamara Tragakiss</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 100 HART DRIVE		Amount of Each Disbursement this Period 599.99
City LITCHFIELD	State CT	
Zip Code 06759	Purpose of Disbursement reimburse expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1854.78
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : 47B

copies	Jan. 4 2012	\$50.20	Staples	copies	1/ 5 2012	\$14.68	Staples	copies	Jan. 12, 2012	\$
48.94	Staples	office supplies	1/14 2012	\$ 34.30	Staples	Printer	Jan. 25 2012	\$ 175.98	Staples	copies
Feb. 2 2012	\$90.37	Staples	coffee/Donuts	feb 5	\$19.48	mailing	supplies	feb 10	166.04	

Form/Schedule:

Transaction ID:

**SCHEDULE 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 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Adams Samartino &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address P.O. Box Box 273		Amount of Each Disbursement this Period 3000.00
City Bristol	State CT	Zip Code 06011-0273
Purpose of Disbursement Accounting Service	Category/ Type 001	
Candidate Name	Transaction ID : 21	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AdComm</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2012
Mailing Address ASHLEY FALLS ROAD		Amount of Each Disbursement this Period 51.05
City CANAAN	State CT	Zip Code 06018
Purpose of Disbursement ideal stamps	Category/ Type 001	
Candidate Name	Transaction ID : 134	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District: 00		

Full Name (Last, First, Middle Initial) <b>c. Alfredo's.</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address Water Street		Amount of Each Disbursement this Period 46.20
City Torrington	State CT	Zip Code 06790
Purpose of Disbursement Volunteers lunch	Category/ Type 003	
Candidate Name	Transaction ID : 131	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3097.25
<b>TOTAL</b> 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 81 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Align Media LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 921 Cavalry Ride Trail		Amount of Each Disbursement this Period 4500.00
City AUSTIN State TX Zip Code 78732	Purpose of Disbursement Wed Design	
Candidate Name	Category/Type 004	Transaction ID : 5
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Align Media</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address 921 Cavalry Ride Trail		Amount of Each Disbursement this Period 800.00
City Austin State CT Zip Code 78732	Purpose of Disbursement Web Consultant	
Candidate Name	Category/Type 004	Transaction ID : 50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Align Media LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 921 Cavalry Ride Trail		Amount of Each Disbursement this Period 1280.00
City AUSTIN State TX Zip Code 78732	Purpose of Disbursement Web Maintenance Data Service	
Candidate Name	Category/Type 004	Transaction ID : 6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6580.00
<b>TOTAL</b> 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 82 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. ATT</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2012
Mailing Address P.O. Box 5082		Amount of Each Disbursement this Period 100.00
City Carol Stream	State IL	
Zip Code 60188	Purpose of Disbursement deposit - internet	<b>Transaction ID : 135</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ATT</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2012
Mailing Address P.O. Box 5082		Amount of Each Disbursement this Period 296.18
City Carol Stream	State IL	
Zip Code 60188	Purpose of Disbursement phone service	<b>Transaction ID : 52</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ATT</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2012
Mailing Address P.O. Box 5082		Amount of Each Disbursement this Period 145.84
City Carol Stream	State IL	
Zip Code 60188	Purpose of Disbursement phone	<b>Transaction ID : 68</b>
Candidate Name	Category/ Type 001	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	542.02
<b>TOTAL</b> 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 83 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. ATT Mobility</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>02</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	01		02		2012
M M	/	D D	/	Y Y Y Y								
01		02		2012								
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period										
City State Zip Code CAROL STREAM IL 60197-6463		<table border="1"> <tr> <td>139.53</td> </tr> </table>	139.53									
139.53												
Purpose of Disbursement Cell phone		<b>Transaction ID : 2</b>										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 001										
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. ATT Mobility</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>13</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		13		2012
M M	/	D D	/	Y Y Y Y								
02		13		2012								
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period										
City State Zip Code CAROL STREAM IL 60197-6463		<table border="1"> <tr> <td>188.85</td> </tr> </table>	188.85									
188.85												
Purpose of Disbursement cell phone		<b>Transaction ID : 22B</b>										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type										
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. ATT Mobility</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>05</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	03		05		2012
M M	/	D D	/	Y Y Y Y								
03		05		2012								
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period										
City State Zip Code CAROL STREAM IL 60197-6463		<table border="1"> <tr> <td>152.96</td> </tr> </table>	152.96									
152.96												
Purpose of Disbursement cell phones		<b>Transaction ID : 48</b>										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 001										
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)												
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	481.34
<b>TOTAL</b> 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 84 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. ATT Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address P.O. BOX 6463		Amount of Each Disbursement this Period 141.81 <b>Transaction ID : 66</b>
City CAROL STREAM	State IL	
Zip Code 60197-6463	Purpose of Disbursement cell phone	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Casa DiJanna</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 545 Main Street		Amount of Each Disbursement this Period 480.00 <b>Transaction ID : 54</b>
City Watertown	State CT	
Zip Code 06795	Purpose of Disbursement event expense	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Chuck's Steak House</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 20 Seger Street		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : 42</b>
City Danbury	State CT	
Zip Code 06810	Purpose of Disbursement Event Expense	Category/ Type 007
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	821.81
<b>TOTAL</b> 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 85 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Commission of Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 22 / 2012</b>
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period <b>254.51</b>
City Hartford State CT Zip Code 06103	Purpose of Disbursement CT Withholding <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : 82</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Commission of Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 08 / 2012</b>
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period <b>79.21</b>
City Hartford State CT Zip Code 06103	Purpose of Disbursement CT Withholding <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : 83</b> 2/21 payroll
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Commission on Revenue Service</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2012</b>
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period <b>79.21</b>
City Hartford State CT Zip Code 06106	Purpose of Disbursement CT Withholding <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : 84b</b> 3/21/2012
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>412.93</b>
<b>TOTAL</b> 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 86 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Compumail</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 298 Captain Lewis Dr.		Amount of Each Disbursement this Period 1888.12
City Southington	State CT	
Zip Code 06489	Purpose of Disbursement printing/data processing	<b>Transaction ID : 133</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Compumail</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012
Mailing Address 298 Captain Lewis Dr.		Amount of Each Disbursement this Period 1166.74
City Southington	State CT	
Zip Code 06489	Purpose of Disbursement mailing and printing	<b>Transaction ID : 33</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Connecticut Light and Power</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address P.O. Box 150493		Amount of Each Disbursement this Period 200.00
City Hartford	State CT	
Zip Code 06115	Purpose of Disbursement electrical	<b>Transaction ID : 23</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3254.86
<b>TOTAL</b> 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 87 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Connecticut Light and Power</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address P.O. Box 150493			Amount of Each Disbursement this Period 55.98
City Hartford	State CT	Zip Code 06115	Transaction ID : 68B
Purpose of Disbursement Electrical - Utility	Category/ Type 001		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. FedEx</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address P.O. Box 371461			Amount of Each Disbursement this Period 22.85
City Pittsburg	State PA	Zip Code 15122	Transaction ID : 70
Purpose of Disbursement postage	Category/ Type 003		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>c. FedEx Corp</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address P.O. Box 371461			Amount of Each Disbursement this Period 105.92
City Pittsburg	State PA	Zip Code 15122	Transaction ID : 54B
Purpose of Disbursement postage	Category/ Type 003		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	184.75
<b>TOTAL</b> 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 88 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. IRS</b>		M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code Andover MA 05501		661.41
Purpose of Disbursement payroll withholding	Category/ Type	<b>Transaction ID : 84</b>
Candidate Name	001	
Office Sought: House Senate President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. IRS</b>		M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code Andover MA 05501		1221.69
Purpose of Disbursement payroll withholding	Category/ Type	<b>Transaction ID : 85</b>
Candidate Name	001	
Office Sought: House Senate President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. IRS</b>		M M / D D / Y Y Y Y 03 / 07 / 2012
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code Andover MA 05501		661.41
Purpose of Disbursement payroll Withholding	Category/ Type	<b>Transaction ID : 86</b>
Candidate Name	001	
Office Sought: House Senate President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2544.51
<b>TOTAL</b> 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 89 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial)  
**A. IRS**

Mailing Address

City: Andover State: MA Zip Code: 05501

Purpose of Disbursement: payroll withholding Category/Type: 001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 21 / 2012

Amount of Each Disbursement this Period: 661.41  
**Transaction ID : 87**

Full Name (Last, First, Middle Initial)  
**B. Litchfield County Club**

Mailing Address

City: State: Zip Code:

Purpose of Disbursement: Event Expense Category/Type: 003

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 20 / 2012

Amount of Each Disbursement this Period: 3818.61  
**Transaction ID : 130**

Full Name (Last, First, Middle Initial)  
**C. Litchfield Inn**

Mailing Address: 432 Bantam Road

City: Litchfield State: CT Zip Code: 06759

Purpose of Disbursement: Deposit room rental Category/Type: 007

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 27 / 2012

Amount of Each Disbursement this Period: 100.00  
**Transaction ID : 17**

**SUBTOTAL** of Disbursements This Page (optional) ..... 4580.02

**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 90 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Litchfield Inn</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2012
Mailing Address 432 Bantam Road		Amount of Each Disbursement this Period 388.40
City Litchfield	State CT Zip Code 06759	
Purpose of Disbursement Event Expense	Category/Type 007	<b>Transaction ID : 21B</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Litchfield County Promotions</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2012
Mailing Address P.O. Box 177		Amount of Each Disbursement this Period 1769.29
City Thomaston	State CT Zip Code 06787-0177	
Purpose of Disbursement signs	Category/Type 006	<b>Transaction ID : 53</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Litchfield Hill Nursey</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2012
Mailing Address Torrington Road		Amount of Each Disbursement this Period 59.56
City Litchfield	State CT Zip Code 06795	
Purpose of Disbursement Event expense	Category/Type 007	<b>Transaction ID : 64</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2217.25
<b>TOTAL</b> 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 91 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST		Amount of Each Disbursement this Period 5000.00
City FAIRFIELD	State CT	
Zip Code 06825	Purpose of Disbursement Fundraising Consultant Fee	<b>Transaction ID : 10</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST		Amount of Each Disbursement this Period 422.01
City FAIRFIELD	State CT	
Zip Code 06825	Purpose of Disbursement Expense Reimbursement	<b>Transaction ID : 14</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	event supplies napkins, plastic cups pens clips pads.
State: District:		

Full Name (Last, First, Middle Initial) <b>c. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2012
Mailing Address STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST		Amount of Each Disbursement this Period 7000.00
City FAIRFIELD	State CT	
Zip Code 06825	Purpose of Disbursement Fundraising Consultant Fee	<b>Transaction ID : 24</b>
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12422.01
<b>TOTAL</b> 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 92 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 08 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>7000.00</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>Fundraising Consultant</b> Category/Type <b>003</b>	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: District:		

**Transaction ID : 56**

Full Name (Last, First, Middle Initial) <b>B. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 04 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>38.23</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>reimburse expense</b> Category/Type <b>003</b>	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: District:		

**Transaction ID : 8**

Full Name (Last, First, Middle Initial) <b>c. PierceZappi</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 04 / 2012</b>
Mailing Address <b>STE 108, 501 KINGS HWY EAST 501 KINGS HIGHWAY EAST</b>		Amount of Each Disbursement this Period <b>109.63</b>
City <b>FAIRFIELD</b> State <b>CT</b> Zip Code <b>06825</b>	Purpose of Disbursement <b>Reimburse expense</b> Category/Type <b>003</b>	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: District:		

**Transaction ID : 9**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7147.86</b>
<b>TOTAL</b> 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 93 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 34.88
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Fee	003 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 168.97
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Fee	003 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 144 2ND STREET		Amount of Each Disbursement this Period 248.64
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement Credit card fee	003 Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	452.64
<b>TOTAL</b> 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 94 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 345.56
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Printing Service	<b>Transaction ID : 24B</b>
Candidate Name	Category/ Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 844.65
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing Service	<b>Transaction ID : 26</b>
Candidate Name	Category/ Type 006	
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:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1185.23
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Printing Service	<b>Transaction ID : 27</b>
Candidate Name	Category/ Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2375.44
<b>TOTAL</b> 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 95 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 86.48
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing Service	<b>Transaction ID : 28</b>
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 113.86
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Printing Service	<b>Transaction ID : 29</b>
Candidate Name	Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Sir Speedy</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 1265.56
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement Printing Service	<b>Transaction ID : 49B</b>
Candidate Name	Category/Type 006	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	1465.90
<b>TOTAL</b> 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 96 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 3166.88
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Sir Speedy</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address P.O. BOX 517		Amount of Each Disbursement this Period 3116.87
City THOMASTON	State CT	
Zip Code 06787	Purpose of Disbursement printing	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 15 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 105.25
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement Office Supplies	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6389.00
<b>TOTAL</b> 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 97 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 305.48
City Torrington State CT Zip Code 06790	Purpose of Disbursement Office Supplies 001 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)	<b>Transaction ID : 38</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Staples</b>		Date of Disbursement MM / DD / YYYY 03 / 08 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 29.84
City Torrington State CT Zip Code 06790	Purpose of Disbursement office supplies 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : 55</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 03 / 19 / 2012
Mailing Address 15 South Main Street		Amount of Each Disbursement this Period 221.46
City Torrington State CT Zip Code 06790	Purpose of Disbursement office Supplies 001 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)	<b>Transaction ID : 60</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	556.78
<b>TOTAL</b> 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 98 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stop &amp; Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2012
Mailing Address 211 High Street		Amount of Each Disbursement this Period 182.99
City Torrington State CT Zip Code 06790	Purpose of Disbursement Event Expense 007 Category/Type	
Candidate Name		Transaction ID : 63  soda and water napkins
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Stop &amp; Shop</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 211 High Street		Amount of Each Disbursement this Period 53.16
City Torrington State CT Zip Code 06790	Purpose of Disbursement event Expense 007 Category/Type	
Candidate Name		Transaction ID : 65  Food and flowers
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Strategic Media Group</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 1210 North Taft Street Suite 701		Amount of Each Disbursement this Period 3450.48
City Arlington State VA Zip Code 22201	Purpose of Disbursement Media Consultant Category/Type	
Candidate Name		Transaction ID : 7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3686.63
<b>TOTAL</b> 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 99 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tanganrone &amp; Prelli</b>			Date of Disbursement MM / DD / YYYY 02 / 14 / 2012		
Mailing Address 19 Rowley Street			Amount of Each Disbursement this Period 433.00		
City Winsted	State CT	Zip Code 06098	Transaction ID : 31		
Purpose of Disbursement Insurance rental		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Tanganrone &amp; Prelli</b>			Date of Disbursement MM / DD / YYYY 02 / 02 / 2012		
Mailing Address 19 Rowley Street			Amount of Each Disbursement this Period 100.00		
City Winsted	State CT	Zip Code 06098	Transaction ID : 90		
Purpose of Disbursement insurance Rental		Category/ Type 001			
Candidate Name					
Office Sought:	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:				

Full Name (Last, First, Middle Initial) <b>c. Taylor Rental</b>			Date of Disbursement MM / DD / YYYY 03 / 23 / 2012		
Mailing Address 696 Winsted Road			Amount of Each Disbursement this Period 27.65		
City Torrington	State CT	Zip Code 06790	Transaction ID : 64B		
Purpose of Disbursement Event Expense		Category/ Type 007			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	560.65
<b>TOTAL</b> 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 100 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Taylor Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2012
Mailing Address 696 Winsted Road		Amount of Each Disbursement this Period 163.78
City Torrington State CT Zip Code 06790	Purpose of Disbursement equipment rental 007 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : 65B</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Main Street American Group</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012
Mailing Address P.O. Box 2004		Amount of Each Disbursement this Period 400.00
City Keene State NH Zip Code 03431	Purpose of Disbursement insurance liability 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : 46</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Hartford Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address P.O. Box 8500-3690		Amount of Each Disbursement this Period 16.00
City Pittsburgh State PA Zip Code 19106	Purpose of Disbursement Insurance payment 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	<b>Transaction ID : 67</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	579.78
<b>TOTAL</b> 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 101 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Torrington Downtown Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00 <b>Transaction ID : 15</b>
City Torrington State CT Zip Code 06079	Purpose of Disbursement rent security deposit 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Torrington Downtown Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00 <b>Transaction ID : 16</b>
City Torrington State CT Zip Code 06079	Purpose of Disbursement rent 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Torrington Downtown Partners</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012
Mailing Address 53 Main Street		Amount of Each Disbursement this Period 985.00 <b>Transaction ID : 41</b>
City Torrington State CT Zip Code 06079	Purpose of Disbursement rent 001 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>SUBTOTAL</b> of Disbursements This Page (optional).....	2955.00
<b>TOTAL</b> 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 102 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Torrington Savings Bank</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 129 MAIN STREET		Amount of Each Disbursement this Period 15.00
City TORRINGTON	State CT	
Zip Code 06790	Purpose of Disbursement Return check fee	<b>Transaction ID : 71</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster - Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 880.00
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement stamps	<b>Transaction ID : 20</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 803.00
City Torrington	State CT	
Zip Code 06790	Purpose of Disbursement stamps/postage	<b>Transaction ID : 40</b>
Candidate Name	Category/ Type 003	
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>SUBTOTAL</b> of Disbursements This Page (optional).....	1698.00
<b>TOTAL</b> 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 103 OF 106			
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 585.00
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement Postage	Candidate Name	<b>Transaction ID : 58</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 450.00
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement postage	Candidate Name	<b>Transaction ID : 63B</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. US Postmaster Torrington</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address 185 East Elm Street		Amount of Each Disbursement this Period 10.30
City Torrington	State CT Zip Code 06790	
Purpose of Disbursement postage	Candidate Name	<b>Transaction ID : 63C</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
State: District:	Category/Type 003	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1045.30
<b>TOTAL</b> 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 104 OF 106	
	<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)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vinny Pizza</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2012
Mailing Address 152 East Main Street		Amount of Each Disbursement this Period 160.50
City Torrington State CT Zip Code 06790	Purpose of Disbursement Event Expense Category/Type 007	
Candidate Name		Transaction ID : 38B Pizzas and Beverage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. West Street Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 43 West Street		Amount of Each Disbursement this Period 2282.12
City Litchfield State CT Zip Code 06759	Purpose of Disbursement Fundraiser Event Expense Category/Type 007	
Candidate Name		Transaction ID : 66B food and beverage
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement 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>SUBTOTAL</b> of Disbursements This Page (optional).....	2442.62
<b>TOTAL</b> This Period (last page this line number only).....	85778.76



**SCHEDULE 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 105 OF 106	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Roraback for Congress**

Full Name (Last, First, Middle Initial) <b>A. William A Fluty</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2012</b>
Mailing Address <b>727 Stone Church Road</b>		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : 100</b>
City <b>Wheeling</b> State <b>WV</b> Zip Code <b>26003-7452</b>	Purpose of Disbursement Return check Bounce <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. William A Fluty</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2012</b>
Mailing Address <b>727 Stone Church Road</b>		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : 101</b>
City <b>Wheeling</b> State <b>WV</b> Zip Code <b>26003-7452</b>	Purpose of Disbursement return bounce check <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. William A Fluty</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2012</b>
Mailing Address <b>727 Stone Church Road</b>		Amount of Each Disbursement this Period <b>2500.00</b> <b>Transaction ID : 102</b>
City <b>Wheeling</b> State <b>WV</b> Zip Code <b>26003-7452</b>	Purpose of Disbursement Return Bounce Check <b>010</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>7500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>7500.00</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Roraback for Congress**

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

Mailing Address STE 108, 501 Kings HWY

City State Zip Code  
Fairfield CT 06825

Nature of Debt (Purpose):  
monthly fundraising expense

Outstanding Balance Beginning This Period **Transaction ID : DE113**

0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

26569.87 19569.87 7000.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	7000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	7000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	7000.00