

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)USE FEC MAILING LABEL
OR TYPE OR PRINT ▼Example: If typing, type
over the lines

LARSON FOR CONGRESS

ADDRESS (number and street)
▼

29 RUFF CIRCLE

☐Check if different
than previously
reported. (ACC)

GLASTONBURY

CT

06033

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00330142

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

CT

01

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

07

01

2008

through

09

30

2008

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

Barry Feldman

Signature of Treasurer

Electronically Filed by Barry Feldman

Date

10

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3**

(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

LARSON FOR CONGRESS

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 8

	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)).....	288181.53	1328716.34
(b) Total Contribution Refunds (from Line 20(d)).....	300.00	32550.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	287881.53	1296166.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	150334.52	600103.38
(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)).....	150334.52	600103.38
8. Cash on Hand at Close of Reporting Period (from Line 27).....	486781.56	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name
LARSON FOR CONGRESS

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	8

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).....

144207.76

571389.92

- (ii) Unitemized.....

46213.77

84801.84

- (iii) TOTAL of contributions

190421.53

656191.76

from individuals..... ►

0.00

0.00

- (b) Political Party Committees.....

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

97760.00

672524.58

0.00

0.00

- (d) The Candidate.....

- (e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

288181.53

1328716.34

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.).....

2495.64

17610.82

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ►

290677.17

1346327.16

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	150334.52	600103.38
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	2000.00
(b) Political Party Committees.....	300.00	30550.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	300.00	32550.00
21. OTHER DISBURSEMENTS.....	17000.00	503167.40
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	167634.52	1135820.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	363738.91
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	290677.17
25. SUBTOTAL (add Line 23 and Line 24).....	654416.08
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	167634.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	486781.56

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

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

FOR LINE NUMBER: PAGE 5 / 219

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 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)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
CT. State Prison Emp AFSCMA C.S.P. PAC

Mailing Address 109 Elm Street

City State Zip Code
Enfield CT 06082

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28212

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Honora F. Ahern

Mailing Address 715 Lake Avenue

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.29042

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Ronald J. Albert D.M.D.

Mailing Address 360 Tolland Turnpike

City State Zip Code
Manchester CT 06042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27704

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 6 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Carie R. Anastasiades

Mailing Address **151 Two Rod Highway**

City State Zip Code
Wethersfield CT 06109

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
Lobbyist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28825

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)
Maryellen F. Andersen

Mailing Address **11 Franklin Cir.**

City State Zip Code
Newington CT 06111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Broadridge Financial Solutions

Occupation
Vice President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28346

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)
Juan C. Andrade

Mailing Address **188 Northington Dr.**

City State Zip Code
Avon CT 06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Hartford

Occupation
EVP, P&C Claims

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28057

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Andrew Ansaldi Jr.

Mailing Address 39 Tunxis Trail

City

Bolton

State

CT

Zip Code

06043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Andrew Ansaldi Co.

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27829

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Dr. Ryaz Ansari

Mailing Address 483 W. Middle Tpke.

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rosenlight & Ansari Oral
Surge

Occupation

Oral Surgeon

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27973

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Robert M. Arena Jr.

Mailing Address 5 Wyndam Lane

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Life

Occupation

Financial Services

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28772

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Steven M. Balloch, DDS

Mailing Address 300 Hebron Avenue

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27960

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Jonathan K. Barry

Mailing Address 67 Willow Street

City

Brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goldman Sachs

Occupation

Leveraged Finance

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27697

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Thomas E. Bartell

Mailing Address 116 North Saddle Ridge Rd.

City

W. Simsbury

State

CT

Zip Code

06092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Financial Services

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28055

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 9 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Tom Beaudoin

Mailing Address 12 Rocamora Road

City

Rocky Hill

State

CT

Zip Code

06067

FEC ID number of contributing
federal political committee.

C

Name of Employer
T&T Electric

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27879

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

David Belluck

Mailing Address 251 Marlborough Street

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Partners

Occupation

Investor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.28936

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Jay S. Benet

Mailing Address 180 South Shore Avenue

City

Groton

State

CT

Zip Code

06340

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Travelers

Occupation

Vice Chairman & CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28771

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Jonathan Ross Bennett

Mailing Address 130 Silver Creek Drive

City State Zip Code
Suffield CT 06078
FEC ID number of contributing
federal political committee.

C

Name of Employer
The HartfordOccupation
EVP, Personal & Small Bus.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28932

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Steven J. Bensinger

Mailing Address 1049 5th Avenue

City State Zip Code
New York NY 10028
FEC ID number of contributing
federal political committee.

C

Name of Employer
American Insurance GroupOccupation
Vice Chairman

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28009

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Christopher Bentley

Mailing Address 27 Heather Lane

City State Zip Code
Burlington CT 06013
FEC ID number of contributing
federal political committee.

C

Name of Employer
Fuel Cell Energy, Inc.Occupation
Executive Vice President & COO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.27712

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Gregory H. Berg

Mailing Address 31 Old Wood Road

City State Zip Code
 Avon CT 06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Hartford

Occupation
 VP, Business Solutions

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28053

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
 Jane Williams Beup

Mailing Address 21 Temple Street

City State Zip Code
 Hartford CT 06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Development consultant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28002

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
 Vivien Blackford

Mailing Address 10 Hamburg Road

City State Zip Code
 East Haddam CT 06423

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N/A

Occupation
 N/A

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27991

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Michael J. Bocchini

Mailing Address 311 Charter Road

City

Rocky Hill

State

CT

Zip Code

06067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radio ShackOccupation
Sales

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	8

Transaction ID: SA11AI.27693

Amount of Each Receipt this Period

300.00

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

Full Name (Last, First, Middle Initial)

Elizabeth A. Bock

Mailing Address 49 Hilton Street

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
The HartfordOccupation
Finance

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.28051

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Beth A. Bombara

Mailing Address 2 Tallwood Lane

City

Simsbury

State

CT

Zip Code

06089

FEC ID number of contributing
federal political committee.

C

Name of Employer
The HartfordOccupation
SVP & Controller

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.28032

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Jeanine A. Bonin

Mailing Address 88 Pine Street

City

Wallingford

State

CT

Zip Code

06492

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milone and MacBroom, Inc.

Occupation

Civil Engineer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27537

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

J. Tedrowe Bonner

Mailing Address 25 Greis Avenue

City

Nesconset

State

NY

Zip Code

11767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rubicon Seven

Occupation

Sustainable Development

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.28370

Amount of Each Receipt this Period

600.00

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

C.

Full Name (Last, First, Middle Initial)

Richard H. Booth

Mailing Address P.O. Box 920

City

Essex

State

CT

Zip Code

06426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Steam Boiler Ins-
p.

Occupation

Chairman

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27980

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Francisco L. Borges

Mailing Address 1 Gold Street

City State Zip Code
 Hartford CT 06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Landmark Partners, Inc.

Occupation
 President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 430.80

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.30771

Amount of Each Receipt this Period

430.80

In-kind - Food

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

B.

Full Name (Last, First, Middle Initial)
 Susan Loonam Borghesi

Mailing Address 287 Windtree

City State Zip Code
 Torrington CT 06790

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NW Corner Oncology

Occupation
 Assistant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29443

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
 Gregory A. Boyko

Mailing Address 100 Barbourtown Road

City State Zip Code
 Collinsville CT 06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Hartford

Occupation
 Executive Vice President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.28388

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

930.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Francis J. Brady

Mailing Address 14 Thronebrook Road

City

West Granby

State

CT

Zip Code

06090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murtha Cullina LLP

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28287

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Newton C. Brainard III

Mailing Address 452 Joshuatown Road

City

Lyme

State

CT

Zip Code

06371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Necrology

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27992

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Robert D. Brdar

Mailing Address 109 Lake Ridge Road

City

Southbury

State

CT

Zip Code

06488

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fuel Cell Energy, Inc.

Occupation
Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.27713

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Mark F. Brennan

Mailing Address 151 Ravenwood Drive

City

Middlebury

State

CT

Zip Code

06762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levin, Power, Brown & Shea

Occupation

Lobbyist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27525

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Gina A. Brino

Mailing Address 111 Brownstone Drive

City

Southington

State

CT

Zip Code

06489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southington Family Dentis-
try

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28834

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Jami L. Brown

Mailing Address 118 Deer Run

City

Burlington

State

CT

Zip Code

06013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28930

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Jay L. Bruns III

Mailing Address 1 Westwood Road

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

VP, Public Policy

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28047

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Deborah I. Buffington

Mailing Address 56 Leland Drive

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Connecticut

Occupation

Senior Caucus Administrator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27583

Amount of Each Receipt this Period

120.00

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

C.

Full Name (Last, First, Middle Initial)

Nicole Elizabeth Burnham

Mailing Address 25 Read Street

City

Deep River

State

CT

Zip Code

06417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milone & MacBroom, Inc.

Occupation

Associate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27539

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Kathleen M. Burr DMD

Mailing Address 119 West Street

City State Zip Code
 Hebron CT 06248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthodontist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27975

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
 Adolph Bushell DDS

Mailing Address 41 North Main Street

City State Zip Code
 West Hartford CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Endodontist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27702

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
 Rodney A. Butler

Mailing Address 5 Farm Pond Road

City State Zip Code
 North Stonington CT 06359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Foxwoods Casino

Occupation
Council Member

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27610

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Luis C. Caban

Mailing Address 63 Brownwall Avenue

City

Hartford

State

CT

Zip Code

06106

FEC ID number of contributing
federal political committee.

C

Name of Employer
SINA, Inc.

Occupation

Executive/CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29460

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Erlinda Callorina

Mailing Address 4116 Recktenwall Avenue

City

N. Las Vegas

State

NV

Zip Code

89081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28208

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)

Leo T. Camosci

Mailing Address 140 Mountain Spring Road

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.27910

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Leo C. Canty

Mailing Address 27 Devin Way

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFT CT

Occupation

Union Officer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.28383

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Leo C. Canty

Mailing Address 27 Devin Way

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFT CT

Occupation

Union Officer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

763.77

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.29734

Amount of Each Receipt this Period

63.77

In-kind - Refreshments

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

C.

Full Name (Last, First, Middle Initial)

David Carlson

Mailing Address 11 West Gate Road

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford Financial Se-
vice

Occupation

SVP - Taxes

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.28400

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

813.77

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

John J. Carson

Mailing Address 42 Fenwick Drive

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Hartford

Occupation

Assistant to the President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.27954

Amount of Each Receipt this Period

25.00

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

Full Name (Last, First, Middle Initial)

Steven C. Casey

Mailing Address 83 Peach Tree LN

City

Bristol

State

CT

Zip Code

06010

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Connecticut

Occupation

IS Administrator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: SA11AI.28782

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Marc I. Casslar

Mailing Address 8 Fox Chase

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
GeoQuest, Inc.

Occupation

Environmental Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.27984

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

James W. Chapman

Mailing Address 81 Farm Hill Road

City

Wallingford

State

CT

Zip Code

06492

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Travelers

Occupation
Insurance

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28769

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Andre K. Charbonneau

Mailing Address 10 Abbe Road

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28793

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Robert W. Chew

Mailing Address 15 Garfield Avenue

City

Bristol

State

CT

Zip Code

06809

FEC ID number of contributing
federal political committee.

C

Name of Employer
Earth Friendly Energy Gro-
up

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28731

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Patricia J. Christiana

Mailing Address 114 Steep Hollow Lane

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

None

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

444.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28881

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Carol S. Clapp

Mailing Address 31 Howland Road

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

Insurance Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28059

Amount of Each Receipt this Period

350.00

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

C.

Full Name (Last, First, Middle Initial)

Timothy J. Coburn

Mailing Address 134 Howe Road

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Health Care Management

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29389

Amount of Each Receipt this Period

120.00

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

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Kye Cohen

Mailing Address 29 Green Hills Drive

City State Zip Code
 Bolton CT 06043

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Waverly Markets LLC

Occupation
 Food Market

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28882

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)
 Richard Z. Cohen

Mailing Address 29 Green Hills Drive

City State Zip Code
 Bolton CT 06043

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Waverly Markets, LLC

Occupation
 President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 4600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27731

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)
 Stanley Cohen

Mailing Address 1 North Point Landing

City State Zip Code
 Avon CT 06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Cohen Auger Burns & Hard

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28823

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Andrew Cohn

Mailing Address 29 Jameson Road

City

Newton

State

MA

Zip Code

02458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmer HaleOccupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.28943

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Electric Employees Committee of the U.I. Co.

Mailing Address P.O. Box 1564

City

New Haven

State

CT

Zip Code

06506

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
N/A

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.27796

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Michael Concannon

Mailing Address 9 Lyle Drive

City

Madison

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.

C

Name of Employer
The HartfordOccupation
SVP Personal Lines

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.28929

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Fritz Conway

Mailing Address 80 Blue Ridge Road

City

Kensington

State

CT

Zip Code

06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaffney Bennett & Assoc.

Occupation
Lobbyist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29529

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

David W. Cooney

Mailing Address 27 Casrnoustie Circle

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
RisCassi & Davis, P.C.

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27948

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Timothy H. Coppage

Mailing Address 4 Muirfield Lane

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27600

Amount of Each Receipt this Period

200.00

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

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

William F. Coyne Jr.

Mailing Address 11 Beacon Street

City

Boston

State

MA

Zip Code

02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27518

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Theodore R. Cummings

Mailing Address 87 Lawton Road

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cummings Insurance Co.

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29369

Amount of Each Receipt this Period

60.00

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

C.

Full Name (Last, First, Middle Initial)

Theodore R. Cummings

Mailing Address 87 Lawton Road

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cummings Insurance Co.

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28374

Amount of Each Receipt this Period

350.00

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

SUBTOTAL of Receipts This Page (optional)

1410.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Charles W. Curtin

Mailing Address 25 Gardner Avenue

City State Zip Code
 New London CT 06320

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Curtin Transportation

Occupation
 Owner/President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27617

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
 Michael C. D'Agastino

Mailing Address 457 Waite Street

City State Zip Code
 Hamden CT 06517

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bingham McCutcheon

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29437

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
 Raymond F. Damato

Mailing Address 240 New State Road

City State Zip Code
 Manchester CT 06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Residential Rentals

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1910.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28801

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

James E. Davey

Mailing Address 18 School House Lane

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

Financial Services

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Transaction ID: SA11AI.28927

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Joel D. Davidson D.M.D.

Mailing Address 630 Tolland Stage Road

City

Tolland

State

CT

Zip Code

06084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: SA11AI.28701

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Pauline A. Dean

Mailing Address 40 Stoughton Road

City

East Windsor

State

CT

Zip Code

06088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	8

Transaction ID: SA11AI.28916

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Chris A. DePino

Mailing Address 1354 Dean Street

City State Zip Code
 New Haven CT 06512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Insurance

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27619

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
 Marc A. DiBella

Mailing Address 1 Gold Street

City State Zip Code
 Hartford CT 06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avallone, DiBella & Associates

Occupation
Lobbyist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28110

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
 Marc A. DiBella

Mailing Address 1 Gold Street

City State Zip Code
 Hartford CT 06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avallone, DiBella & Associates

Occupation
Lobbyist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1025.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28255

Amount of Each Receipt this Period

25.00

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

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Mary L. Digiacommo-Cohen

Mailing Address 100 Whale Head Road

City

Gales Ferry

State

CT

Zip Code

06335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28828

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)

John P. DiGiovanni

Mailing Address 29 Woodbine Road

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Trinity Property Manageme-
nt

Occupation

Real Estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28356

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Mark F. DiLoreto

Mailing Address 35 Pearl Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27782

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Jeanalyn B. Dolezal

Mailing Address 4116 Recktenwall Venue

City

North Las Vegas

State

NV

Zip Code

89081

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28210

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Eileen P. Driscoll

Mailing Address 672 Forest Street

City

East Hartford

State

CT

Zip Code

06118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town of East Hartford

Occupation

Asst. Registrar of Vital Statistics

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27571

Amount of Each Receipt this Period

360.00

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

C.

Full Name (Last, First, Middle Initial)

Eileen P. Driscoll

Mailing Address 672 Forest Street

City

East Hartford

State

CT

Zip Code

06118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town of East Hartford

Occupation

Asst. Registrar of Vital Statistics

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.29002

Amount of Each Receipt this Period

35.00

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

SUBTOTAL of Receipts This Page (optional)

2695.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Eileen P. Driscoll

Mailing Address 672 Forest Street

City State Zip Code
East Hartford CT 06118

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Town of East Hartford

Occupation
 Asst. Registrar of Vital Statistics

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 410.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.29017

Amount of Each Receipt this Period

15.00

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

B.

Full Name (Last, First, Middle Initial)
 Nuala E. Droney

Mailing Address 51 Lemay Street

City State Zip Code
West Hartford CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Robinson & Cole LLP

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 479.24

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.30830

Amount of Each Receipt this Period

479.24

In-kind - Food and Beverage
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)
 John F. Droney Jr.

Mailing Address 75 Rockledge Drive

City State Zip Code
West Hartford CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Levy Droney P.C.

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29210

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

744.24

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Robert J. Durbin

Mailing Address 51 Lemay Street

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reid and Riege P.C.

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1999.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: SA11AI.30833

Amount of Each Receipt this Period

1939.15

In-kind - Food and Beverage

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

Full Name (Last, First, Middle Initial)

Michael J. Dury

Mailing Address 29 Aden's Walk

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

SVP & CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.28031

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Tyren Eastmond

Mailing Address 1175 Leggett Avenue

City

Bronx

State

NY

Zip Code

10474

FEC ID number of contributing
federal political committee.

C

Name of Employer
A. L. Eastmond & Sons, Inc.

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

Transaction ID: SA11AI.29252

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3439.15

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
David J. Elliott

Mailing Address 55 Fawn Run

City State Zip Code
Glastonbury CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Day Pitney LLP

Occupation
Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27981

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
Irwin Ettinger

Mailing Address 631 Long Ridge Road

City State Zip Code
Stamford CT 06902

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Travelers

Occupation
Insurance Executive

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28785

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
People for Excellence in Government

Mailing Address 12 New City Street

City State Zip Code
Essex CT 06426

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
N/A

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: SA11AI.29868

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Marotta Fazzina

Mailing Address 2060 Silas Deane Highway

City

Rocky Hill

State

CT

Zip Code

06067

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeNovelli Family Restaura-
nt

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28194

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

David P. Fink

Mailing Address 66 Linbrook Road

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Lyceum

Occupation

Policy Director

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27807

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Connecticut First PAC

Mailing Address 75 Broad Street

City

Milford

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27695

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 37 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Margaret Fitzgerald

Mailing Address 2309 Mill Pond Drive

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Connecticut

Occupation

Aide

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.29021

Amount of Each Receipt this Period

25.00

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

B.

Full Name (Last, First, Middle Initial)

Ann E. Flanagan

Mailing Address 241 21 South Water Street

City

East Windsor

State

CT

Zip Code

06088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28980

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Ann E. Flanagan

Mailing Address 241 21 South Water Street

City

East Windsor

State

CT

Zip Code

06088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28995

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Ann E. Flanagan

Mailing Address 241 21 South Water Street

City

East Windsor

State

CT

Zip Code

06088

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.29014

Amount of Each Receipt this Period

40.00

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

B.

Full Name (Last, First, Middle Initial)

David Flanagan

Mailing Address 241 S. Water Street

City

East Windsor

State

CT

Zip Code

06088

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Hartford Public Scho-
ols

Occupation

Supervisor of Physical Education

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28979

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

Lynne Flanagan

Mailing Address 76 Adelaide Road

City

Newington

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28073

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

John William Foster

Mailing Address 25 Kentbury Way

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fuel Cell Energy, Inc.

Occupation

VP Business Development

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: SA11AI.27720

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Linda Frankel

Mailing Address 20 Nibang Avenue

City

Old Saybrook

State

CT

Zip Code

06475

FEC ID number of contributing
federal political committee.

C

Name of Employer
David Frankel Realty Inc.

Occupation

Executive VP

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	0	8

Transaction ID: SA11AI.28379

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Dr. Bruce Fraser

Mailing Address 1423 Country Club

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Humanities Co-
uncil

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.27988

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Richard L. Friedman

Mailing Address 20 University Road

City State Zip Code
Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carpenter and Company, In-
 c.

Occupation
 Executive

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28355

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)
 William S. Friedman

Mailing Address 423 W. 55th Street

City State Zip Code
New York NY 10019

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tarragon Corporation

Occupation
 CEO, Chairman

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28344

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
 Timothy W. Furey

Mailing Address 10 Southdown Drive

City State Zip Code
Bristol CT 06010

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.27909

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Edmund J. Fusco

Mailing Address 91 Old Quarry Road

City State Zip Code
 Guilford CT 06437

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fusco Corporation

Occupation
 President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27547

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
 Edmund J. Fusco

Mailing Address 91 Old Quarry Road

City State Zip Code
 Guilford CT 06437

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Fusco Corporation

Occupation
 President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29390

Amount of Each Receipt this Period

1300.00

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

C.

Full Name (Last, First, Middle Initial)
 Frances Gallagher

Mailing Address 22 Harris Street

City State Zip Code
 Kensington CT 06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
 None

Occupation
 None

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29531

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Amy Gallent

Mailing Address 16 Country Lane

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.28389

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Marilda L. Gandara

Mailing Address 155 Scarborough Street

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aetna Foundation

Occupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29468

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)

Walter Garger

Mailing Address 22 Michael Drive

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28925

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Ronald R. Gendreau

Mailing Address 16 Queens Peak Road

City

State

Zip Code

Canton

CT

06019

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

Insurance Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28049

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Robyn M. Gengras

Mailing Address 20 Fernwood Road

City

State

Zip Code

West Hartford

CT

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dubby McDowell Communicati-
ons

Occupation

Media Relations

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27544

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

E. Clayton Gengras III

Mailing Address 57 Walbridge Road

City

State

Zip Code

West Hartford

CT

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
CCS Group

Occupation

Auto Dealer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27996

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

A. David Giordano

Mailing Address 16 Hartwell Road

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information requested

Occupation

Information requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29406

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Alex P. Goff

Mailing Address 74 Edward Street

City

Newington

State

CT

Zip Code

06111

FEC ID number of contributing
federal political committee.

C

Name of Employer
URS Corporation

Occupation

Railroad Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.28390

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Daniel A. Gregor

Mailing Address 377 Simsbury Road

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saslow, Lufkin

Occupation

CPA

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27985

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Anthony Griffin

Mailing Address 93 Adams Road

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anthony's ClothingOccupation
Clothier

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: SA11AI.29428

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Nicole R. Griffin

Mailing Address 34 Taft Pointe

City

Waterbury

State

CT

Zip Code

06708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levin, Powers, Brennan &
SheaOccupation
Lobbyist

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

Transaction ID: SA11AI.27527

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

James M. Griffin Jr.

Mailing Address 259 Duncaster Road

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
Economist

Receipt For: 2008

☐ Primary
☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	8

Transaction ID: SA11AI.27732

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 James M. Griffin Jr.

Mailing Address 259 Duncaster Road

City State Zip Code
Bloomfield CT 06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Economist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28153

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)
 Lorraine M. Grodovich D.M.D.

Mailing Address 2301 Silas Deane Hwy.

City State Zip Code
Rocky Hill CT 06067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.27940

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
 Michael Grunberg

Mailing Address 7000 Island Blvd.

City State Zip Code
Aventura FL 33160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grunberg Realty

Occupation
Investor

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27982

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

R. Stevens Hall Jr.

Mailing Address 118 Steele Road

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28706

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Donna Halloran

Mailing Address 791 Prospect Avenue

City

West Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Raveis

Occupation

Real Estate Agent

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.28413

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Kaitlin Halloran

Mailing Address 791 Prospect Avenue

City

West Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Student

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.28415

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

R. Bartley Halloran

Mailing Address One Lewis Street

City

Hartford

State

CT

Zip Code

06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.28417

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

William P. Hannon

Mailing Address 15 Arthur Court

City

Demarest

State

NJ

Zip Code

07627

FEC ID number of contributing
federal political committee.

C

Name of Employer
Travelers Companies

Occupation

Executive Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28740

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Joseph Harper

Mailing Address 79 Rosewood Lane

City

Berlin

State

CT

Zip Code

06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Care

Occupation

Lobbyist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29535

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Richard Harris

Mailing Address 14 Cedar Terrace

City State Zip Code
 Portland CT 06480

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Day Pitney LLP

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.29254

Amount of Each Receipt this Period

300.00

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

B.

Full Name (Last, First, Middle Initial)
 Richard P. Hayes

Mailing Address 1481 Pleasant Valley Road

City State Zip Code
 Manchester CT 06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hayes Corp. Real Estate

Occupation
 Owner

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28187

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
 Steven Hershcopf DDS

Mailing Address 435 Buckland Road

City State Zip Code
 South Windsor CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Dentist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28833

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Mary M. Heslin

Mailing Address 235 Kenyon Street

City State Zip Code
 Hartford CT 06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 310.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29355

Amount of Each Receipt this Period

60.00

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

B.

Full Name (Last, First, Middle Initial)
 Mary M. Heslin

Mailing Address 235 Kenyon Street

City State Zip Code
 Hartford CT 06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 410.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28097

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)
 Mary M. Heslin

Mailing Address 235 Kenyon Street

City State Zip Code
 Hartford CT 06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 460.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28109

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Mary M. Heslin

Mailing Address 235 Kenyon Street

City State Zip Code
 Hartford CT 06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Consultant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28890

Amount of Each Receipt this Period

50.00

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

B.

Full Name (Last, First, Middle Initial)
 Rosemary J. Hogan

Mailing Address 61 Pershing Road

City State Zip Code
 Windsor Locks CT 06096

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Travelers

Occupation
 Manager

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 218.35

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29769

Amount of Each Receipt this Period

18.35

In-kind - Refreshments

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

C.

Full Name (Last, First, Middle Initial)
 Michael E. Hotaling

Mailing Address 20 Cedar Hill Road

City State Zip Code
 West Simsbury CT 06092

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Hartford

Occupation
 SVP - Large Loss

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28029

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

318.35

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Paul H. Huber

Mailing Address 559 Pepper Street

City

Monroe

State

CT

Zip Code

06468

FEC ID number of contributing
federal political committee.

C

Name of Employer
Continental Machinery Exc-
hangeOccupation
President

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.27624

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

James D. Iacobellis

Mailing Address 114 Steep Hollow Lane

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut House Democra-
tsOccupation
Counsel

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.29424

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

Patricia Irvin

Mailing Address 70H Bergius Lane

City

North Stonington

State

CT

Zip Code

06359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mashantucket Peq. Tribal
Nat.Occupation
Executive

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.28941

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

870.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Harry T. James

Mailing Address 1227 Burnside Avenue

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing
federal political committee.

C

Name of Employer
H&J Contractors

Occupation
Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28827

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)

Richard A. Johnston

Mailing Address 43 Monument Avenue

City

Boston

State

MA

Zip Code

02129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmerhale

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27630

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Thomas Johnston

Mailing Address 2 Atwater Terrace

City

Framington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation
Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28381

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Stephen T. Joyce

Mailing Address 15 Drury Lane

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Life

Occupation

Executive Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.28028

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Ronald L. Katz

Mailing Address 35 Beaver Brook Road

City

Lyme

State

CT

Zip Code

06371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conn. Science Center

Occupation

Director of Development

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.27989

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Steven Kaufman

Mailing Address 202 Woodside Drive

City

Hewlett Bay Park

State

NY

Zip Code

11557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Basser Kaufman

Occupation

Real Estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.28181

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 55 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Marc D. Kemp

Mailing Address 335 Central Avenue

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Basser Kaufman

Occupation

Principal

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28185

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Brendan J. Kennedy

Mailing Address 139 Hazelmere Road

City

New Britain

State

CT

Zip Code

06053

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camillieri, Cloud & Kenne-
dy, L

Occupation

Consultant/Lobbyist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27674

Amount of Each Receipt this Period

150.00

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

C.

Full Name (Last, First, Middle Initial)

Daniel H. Kennedy DDS

Mailing Address 221 Trumbull Street

City

Hartford

State

CT

Zip Code

06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29505

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Barbara B. Kennelly

Mailing Address 95 Scarborough Street

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nat'l Comm. Assoc. for Pr-
eserv

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28101

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Matthew Kirk

Mailing Address 606 W. Windsor Avenue

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford Financial Se-
rvice

Occupation

Vice President, Federal Affairs

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.28384

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Joseph F. Klett

Mailing Address 44 Stoddard Avenue

City

Newington

State

CT

Zip Code

06111

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

None

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28349

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Maureen H. Klett

Mailing Address 104 Harold Drive

City

Newington

State

CT

Zip Code

06111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

262.89

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28973

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Michael A. Klett

Mailing Address 96 Orchard Hill Drive

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer
D'Esopo Funeral Chapel

Occupation

Funeral Director

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28350

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Michael J. Knipper

Mailing Address 2 Hallview Drive

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

SVP, Enterprise Services

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28062

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Simon Konover

Mailing Address 51 Tumblebrook Lane

City State Zip Code
West Hartford CT 06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Konover Investments Corp.

Occupation
President & CEO

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28017

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
 Michael Kookan

Mailing Address 723 Thatcher Avenue

City State Zip Code
River Forest IL 60305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Hartford

Occupation
SVP & Actuary

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28036

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
 James H. Koplik

Mailing Address 251 Dogwood Lane

City State Zip Code
Stamford CT 06903

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Live Nation

Occupation
Concert Promoter

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28007

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Paul D. Korus DMD

Mailing Address 27 Hatheway Drive

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27638

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

David J. Kozak

Mailing Address 31 Hunter's Ridge

City

Rocky Hill

State

CT

Zip Code

06067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Data Mail

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27854

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Alan J. Kreczko

Mailing Address 5 Spruce Lane

City

Weatogue

State

CT

Zip Code

06089

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28045

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Joseph P. Lacher Jr.

Mailing Address 95 Drumlin Road

City

South Glastonbury

State

CT

Zip Code

06073

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Travelers

Occupation

Insurance Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.28767

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Charles R. Lavery Jr.

Mailing Address 75 Cambridge Pkwy.

City

Cambridge

State

MA

Zip Code

02142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.27520

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Michael P. Lech

Mailing Address P.O. Box 543

City

Old Saybrook

State

CT

Zip Code

06351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Readco LLC

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.27627

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Michael P. Lech

Mailing Address P.O. Box 543

City

Old Saybrook

State

CT

Zip Code

06351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Readco LLCOccupation
Partner

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.28215

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Jeffrey M. Leichtman

Mailing Address 60 Silo Hill Road

City

Madison

State

CT

Zip Code

06443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Infrastructure Str-
ategiOccupation
Consultant

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	8

Transaction ID: SA11AI.27533

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Anthony Leo

Mailing Address 37 Second Hill Road

City

New Milford

State

CT

Zip Code

06776

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fuel Cell EnergyOccupation
VP Application

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: SA11AI.28702

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Ellen Lerman

Mailing Address 20576 Linksview Circle

City State Zip Code
 Boca Raton FL 33434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28976

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
 Patricia LeShane

Mailing Address 1090 Prospect Avenue

City State Zip Code
 Hartford CT 06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sullivan & LeShane

Occupation
Government Relations

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.29259

Amount of Each Receipt this Period

2000.00

In-kind - Catering

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

C.

Full Name (Last, First, Middle Initial)
 Michael L. Lesniak

Mailing Address 3235 India Welkes Place

City State Zip Code
 Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation
SVP Eastern Division

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28923

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Marc S. Levine

Mailing Address 30 Fawn Brook Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark S. Levine Real Estate
Interests

Occupation

Principal

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28132

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Jerry W. Long

Mailing Address 17 Avery Road

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
PCC Technology Group

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.29533

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Kathryn M. Lovell

Mailing Address 290 Westmont

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Housewife

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27803

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Lawrence Lucchino

Mailing Address 4 Yawkey Way

City

Boston

State

MA

Zip Code

02215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Red Sox

Occupation

President/CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29331

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Stacey J. Lucchino

Mailing Address P.O. Box 67467

City

Chestnut Hill

State

MA

Zip Code

02647

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation

Community Volunteer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27512

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

John Luddy

Mailing Address 1557 Kensington Road

City

Kensington

State

CT

Zip Code

06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell Mortgage

Occupation

Sr. Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.27904

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Bruce Ludemann

Mailing Address 41 Abrams Road

City

Cheshire

State

CT

Zip Code

06410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fuel Cell Energy, Inc.

Occupation

Senior VP - Sales & Mark.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.27724

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Luke D. Lynch Jr.

Mailing Address 830 Chicken Valley Road

City

Locust Valley

State

NY

Zip Code

11560

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIG

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.28214

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Dennis J. Lyon

Mailing Address 152 Jennifer Drive

City

Hebron

State

CT

Zip Code

06248

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	4	/	2	0	0	8

Transaction ID: SA11AI.28938

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
James Grant MacBroom

Mailing Address 7 Val Court

City State Zip Code
Wolcott CT 06716FEC ID number of contributing
federal political committee.

C

Name of Employer
Milone & MacBroom, Inc.Occupation
EngineerReceipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27541

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
William E. Macdonald

Mailing Address 32 West Ridge Drive

City State Zip Code
Rocky Hill CT 06067FEC ID number of contributing
federal political committee.

C

Name of Employer
XL CapitalOccupation
Chief Audit ExecutiveReceipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27801

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
William A. MacDonnell DDS

Mailing Address 158 Hunter Drive

City State Zip Code
West Hartford CT 06107FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employedOccupation
DentistReceipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27705

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

William A. MacDonnell DDS

Mailing Address 158 Hunter Drive

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.30971

Amount of Each Receipt this Period

150.00

In-kind - Beverages

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

B.

Full Name (Last, First, Middle Initial)

Brian W. MacLean

Mailing Address 51 Crest Drive

City

Vernon

State

CT

Zip Code

06066

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Paul Travelers

Occupation

Insurance Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28784

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Slavco Madzarov

Mailing Address 49 Manor Drive

City

Clifton

State

NJ

Zip Code

07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Contractor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28819

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Joseph G. Mahler

Mailing Address 2 Queens Peak

City

Canton

State

CT

Zip Code

06019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fuel Cell Energy, Inc.

Occupation

Executive Vice President & CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.27725

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

Edwin J. Maley Jr.

Mailing Address 4 Shawnee CT

City

Cromwell

State

CT

Zip Code

06416

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Connecticut/Maley
Law

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27543

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Edwin J. Maley Jr.

Mailing Address 4 Shawnee CT

City

Cromwell

State

CT

Zip Code

06416

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Connecticut/Maley
Law

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1310.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29398

Amount of Each Receipt this Period

60.00

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

SUBTOTAL of Receipts This Page (optional)

1310.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Carolyn J. Malon

Mailing Address 11 Mountain Terrace

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27699

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

David Manafort

Mailing Address 22 Elizabeth CT

City

Plainville

State

CT

Zip Code

06062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manafort Brothers, Inc.

Occupation

Construction

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.29039

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Mark N. Mandell

Mailing Address 11147 Cedarwood Drive

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Technology Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.27898

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Daniel N. Mara

Mailing Address 193 Duncaster Road

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandler and MaraOccupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: SA11AI.29435

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Howard I. Mark

Mailing Address 101 West Ridge Drive

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ct. Oral Health InitiativesOccupation
President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Transaction ID: SA11AI.27827

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Lillian B. Marlow

Mailing Address 51 Blue Ridge Drive

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
None

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.28082

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Ernest R. Marquez

Mailing Address **76 Adelaide Road**

City State Zip Code
Manchester CT 06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Date of Receipt

08 / 20 / 2008

Transaction ID: SA11AI.29451

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)
Artan Martinaj

Mailing Address **375 Goodwin Street**

City State Zip Code
East Hartford CT 06108

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT Transit

Occupation
Bus Driver

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1180.00

Date of Receipt

09 / 25 / 2008

Transaction ID: SA11AI.28752

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
Artan Martinaj

Mailing Address **375 Goodwin Street**

City State Zip Code
East Hartford CT 06108

FEC ID number of contributing
federal political committee.

C

Name of Employer
CT Transit

Occupation
Bus Driver

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2444.69

Date of Receipt

09 / 28 / 2008

Transaction ID: SA11AI.29866

Amount of Each Receipt this Period

1264.69

In-kind - Refreshments,
table rental
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

2364.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Elaine Martinelli

Mailing Address 278 Pilgrim Lane

City

Southington

State

CT

Zip Code

06489

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

SVP - Technology

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28026

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Jamshid Marvasti

Mailing Address 63 E. Center Street

City

Manchester

State

CT

Zip Code

06040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Physician

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27582

Amount of Each Receipt this Period

60.00

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

C.

Full Name (Last, First, Middle Initial)

Jonathan Mason

Mailing Address 33 Wyndwood Road

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Dental Practice

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28014

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

David S. McCoart

Mailing Address 100 South Water Street

City

New Haven

State

CT

Zip Code

06519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Restaurateur

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27531

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Patience McDowell

Mailing Address 45 Woodside Circle

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27546

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Patience McDowell

Mailing Address 45 Woodside Circle

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27994

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Patience McDowell

Mailing Address 45 Woodside Circle

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28095

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

David H. McElroy

Mailing Address 47 Cowdin Circle

City

Chappaqua

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation
SVP Financial Products

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28921

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Vanda B. McMurtry

Mailing Address 187 Talcott Notch Road

City

Farmington

State

CT

Zip Code

06032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aetna, Inc

Occupation
Senior Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.29059

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Brian P. McNamara

Mailing Address P.O. Box 2

City State Zip Code
Essex CT 06426

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Consultant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2008

Transaction ID: SA11AI.27524

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
 Zacharais M. Miller

Mailing Address 6813 Bottle Sage Avenue

City State Zip Code
Las Vegas NV 89130

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Card Player Cruises

Occupation
 Partner

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 05 2008

Transaction ID: SA11AI.28204

Amount of Each Receipt this Period

2300.00

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

C.

Full Name (Last, First, Middle Initial)
 Manny Miranda

Mailing Address 40 Dexter Drive

City State Zip Code
Huntington CT 06484

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self Employed

Occupation
 Winemaker

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 23 2008

Transaction ID: SA11AI.28836

Amount of Each Receipt this Period

350.00

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

SUBTOTAL of Receipts This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Anthony Moffett

Mailing Address 1319 30th Street N.W.

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Consultants LLC

Occupation
Consultant

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.29034

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Roberta Monastersky

Mailing Address 3 Berwyn Lane

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27636

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Thomas Mongellow

Mailing Address 257 Adrian Avenue

City

Newington

State

CT

Zip Code

06111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Banking Depart-
ment

Occupation
Banker

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28987

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Robert J. Morande

Mailing Address 260 Webster Square Road

City State Zip Code
 Berlin CT 06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Morande Auto Group

Occupation
 Executive

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27831

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)
 Stephen M. Morelli

Mailing Address 158 Somerset Drive

City State Zip Code
 Berlin CT 06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Self-employed

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29250

Amount of Each Receipt this Period

250.00

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

C.

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

Mailing Address 21 Temple Street

City State Zip Code
 Hartford CT 06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MotleyBeup, LLP

Occupation
 Consultant

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.28378

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Brian D. Murphy

Mailing Address 5 Far Hills Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

Executive Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28043

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Janemarie W. Murphy

Mailing Address 187 Stoner Drive

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murtha, Cullina, LLP

Occupation

Government Relations

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28094

Amount of Each Receipt this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)

John R. Nealon

Mailing Address 145 Moseley Terrace

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Travelers

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28765

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Clifford L. Nelson

Mailing Address 51 Omelin Road

City State Zip Code
 Broad Brook CT 06016

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Electrical Contractors,
 Inc.

Occupation
 Service Division Manager

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 380.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28267

Amount of Each Receipt this Period

200.00

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

B.

Full Name (Last, First, Middle Initial)
 Win Neuger

Mailing Address 60 Sutton Place S.

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer
 AIG

Occupation
 Executive

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27956

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
 Peter Niro Jr.

Mailing Address 204 New Britain Road

City State Zip Code
 Kensington CT 06111

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Niro Landscaping Contract-
 ors.

Occupation
 President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28179

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

James F. Noonan Jr.

Mailing Address P. O. Box 372

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
State of Connecticut

Occupation

State Marshall

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28821

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Richard Nunez

Mailing Address 9982 Torino Drive

City

Lake Worth

State

FL

Zip Code

33467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Developer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28004

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

John Peter Olinger

Mailing Address 1244 Duncan Place NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Downey McGrath Group

Occupation

Lobbyist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.29036

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Jack S. Opinsky

Mailing Address 100 Constitution Plaza

City

Hartford

State

CT

Zip Code

06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28013

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

David J. Papandrea

Mailing Address 48 Holiday Hill Road

City

Meriden

State

CT

Zip Code

06450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Konover Construction Corp.

Occupation
Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27522

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Nancy Clinton Parker

Mailing Address 518 Prospect Avenue

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28083

Amount of Each Receipt this Period

50.00

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

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Robert E. Patricelli

Mailing Address 77 Hartford Road

City State Zip Code
 Simsbury CT 06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Evolution Benefits, Inc.

Occupation
 Executive

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29430

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
 Milo W. Peck Jr.

Mailing Address 23 Orchard Road

City State Zip Code
 Windsor CT 06095

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.28294

Amount of Each Receipt this Period

200.00

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

C.

Full Name (Last, First, Middle Initial)
 Brewster Perkins

Mailing Address 11 Walbridge Road

City State Zip Code
 West Hartford CT 06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
 B. Perkins & Co.

Occupation
 Insurance

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27998

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

3700.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Judith B. Perkins

Mailing Address 11 Walbridge Road

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27999

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)

Judith B. Perkins

Mailing Address 11 Walbridge Road

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Retired

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28001

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

John Perry

Mailing Address P. O. Box 265

City

North Stonington

State

CT

Zip Code

06359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pequot Tribal Nation

Occupation

Council Member

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27615

Amount of Each Receipt this Period

300.00

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

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Peter J.M. Peterson

Mailing Address 215 Ballard Drive

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Bierly and Peterson

Occupation
Periodontist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.27900

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Suzanne Batchelor Pinkes

Mailing Address 29 Rawn Brook

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation
President, Heritage Holdings

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28060

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Dorothy Pizzella

Mailing Address 179 Clinton Road

City

Brookline

State

MA

Zip Code

02445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard University

Occupation
Administrator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27516

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Douglas L. Poling

Mailing Address 177 Golden Pond Lane

City

Fairfield

State

CT

Zip Code

06824

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIG Financial

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27830

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Dr. Mark S. Pollack

Mailing Address 26 Pond View Road

City

Bolton

State

CT

Zip Code

06043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27976

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Ginger Pollack

Mailing Address 34 Scarborough Street

City

Hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.27901

Amount of Each Receipt this Period

251.00

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

SUBTOTAL of Receipts This Page (optional)

1001.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Michael G. Polo

Mailing Address 369 Progress Drive

City

Manchester

State

CT

Zip Code

06042

FEC ID number of contributing
federal political committee.

C

Name of Employer
AdChem Mfg. Tech., Inc

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27626

Amount of Each Receipt this Period

60.00

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

B.

Full Name (Last, First, Middle Initial)

Mark H. Powers

Mailing Address 4 Round Rock Road

City

Niantic

State

CT

Zip Code

06357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levin, Powers, Brennan &
Shea, LLC

Occupation

Government Relations

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.28940

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)

Michael J. Prucker

Mailing Address 801 Pennsylvania Avenue, NW

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Group

Occupation

Government Relations

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.29060

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3060.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Sandra L. Ratner

Mailing Address 6813 Bottle Sage Avenue

City

Las Vegas

State

NV

Zip Code

89130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28206

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)

Anthony Rauseo

Mailing Address 249 Metacomet Drive

City

Kensington

State

CT

Zip Code

06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fuel Cell Energy, Inc.

Occupation

VP - Engineering

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.28704

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Craig R. Raymond

Mailing Address 5 Five Gaits Farm

City

West Simsbury

State

CT

Zip Code

06092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Life

Occupation

Chief Actuary

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28042

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Kenneth Reels

Mailing Address P.O. Box 339

City

Ledyard

State

CT

Zip Code

06339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mashantucket Pequot Tribal
Council

Occupation

Tribal Chairman

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.27616

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Linda L. Reuber

Mailing Address 77 Francis Drive

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Designer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.27597

Amount of Each Receipt this Period

120.00

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

Full Name (Last, First, Middle Initial)

Robert B. Rheault

Mailing Address 1121 Mooresfield Road

City

Wakefield

State

RI

Zip Code

02879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moonstone Oysters

Occupation

Farmer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	8

Transaction ID: SA11AI.28831

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Thomas D. Ritter

Mailing Address 68 Goodwin Circle

City State Zip Code
 Hartford CT 06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Brown Rudnick

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28783

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
 Curtiss Robinson

Mailing Address 196 Beelzebub

City State Zip Code
 South Windsor CT 06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
 C and R Development Co.

Occupation
 Real Estate Developer

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 7 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.28713

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
 Maureen A. Rodgers

Mailing Address 1909 Main Street

City State Zip Code
 East Hartford CT 06108

FEC ID number of contributing
federal political committee.

C

Name of Employer
 East Hartford Board of Education

Occupation
 Athletic Director

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 285.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28861

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Patricia E. Rodgers

Mailing Address 1909 Main Street

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Murtha Cullina LLP

Occupation

Paralegal

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29420

Amount of Each Receipt this Period

120.00

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

B.

Full Name (Last, First, Middle Initial)

Magdalena Rodriguez

Mailing Address 350 Ridge Road

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Administrator

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29440

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Theodore P. Rossi

Mailing Address 94 Middle Haddam Road

City

Middle Haddam

State

CT

Zip Code

06456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rossi American Hardwood

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28862

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

1370.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

David M. Roth

Mailing Address 50 Whetten Road

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levy & Droney

Occupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29208

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Linda H. Roth

Mailing Address 50 Whett3n Road

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29209

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Deanna Rudolph

Mailing Address 55 Brookside Circle

City

Wethersfield

State

CT

Zip Code

06109

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
None

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28196

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Daniel P. Russo

Mailing Address 74 Hawks Nest Circle

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	8

Transaction ID: SA11AI.29018

Amount of Each Receipt this Period

70.00

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

Full Name (Last, First, Middle Initial)

Patricia Marie Russo

Mailing Address 191 Smith Ridge Road

City

New Canaan

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
None

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11AI.28090

Amount of Each Receipt this Period

100.00

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

Full Name (Last, First, Middle Initial)

Elizabeth Sacksteder

Mailing Address 96 Compo Road S

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford Financial Se-
viceOccupation
Attorney

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.28391

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Adam P. Salina

Mailing Address 167 Spicewood Lane

City

Kensington

State

CT

Zip Code

06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town of Berlin

Occupation

Elected Official

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.29400

Amount of Each Receipt this Period

60.00

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

Full Name (Last, First, Middle Initial)

Adam P. Salina

Mailing Address 167 Spicewood Lane

City

Kensington

State

CT

Zip Code

06037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town of Berlin

Occupation

Elected Official

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2060.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.28176

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

James P. Sandler

Mailing Address P.O. Box 231336

City

Hartford

State

CT

Zip Code

06123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandler, Hatcher & Goldst-
ein, P.C.

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.29207

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Charles R. Schader

Mailing Address 247 W 12th Street

City State Zip Code
 New York NY 10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Insurance Group

Occupation
 Senior Vice President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27637

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
 Henry S. Scherer Jr.

Mailing Address P.O. Box 785

City State Zip Code
 Avon CT 06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Scherer-Highland Corp.

Occupation
 President

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27733

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
 Alan D. Schnitzer

Mailing Address 1185 Park Avenue

City State Zip Code
 New York NY 10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Travelers

Occupation
 Insurance

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28763

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Philip Schonberger

Mailing Address 500 Simsbury Road

City

Bloomfield

State

CT

Zip Code

06002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Real Estate

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.28016

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Dr. Robert M. Schreiberman

Mailing Address 26 Adena's Walk

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	0	8

Transaction ID: SA11AI.29596

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Jamison Scotto

Mailing Address 23 Holcomb Hill Road

City

West Granby

State

CT

Zip Code

06090

FEC ID number of contributing
federal political committee.

C

Name of Employer
James E. Naylor, DDS, P.C.

Occupation

Periodontist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	0	8

Transaction ID: SA11AI.28408

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Kathleen E. Shannon

Mailing Address 420 Birch Avenue

City State Zip Code
Westfield NJ 07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Sr. VP, Secy.

Occupation
American International Group

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27825

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)
 Richard Shaw

Mailing Address 18 South Mill Drive

City State Zip Code
South Glastonbury CT 06073

FEC ID number of contributing
federal political committee.

C

Name of Employer
 QVM Group LLC

Occupation
Investment Adviser

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.28947

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
 Patricia J. Shea Lovell

Mailing Address 37 Tanglewood Drive

City State Zip Code
Glastonbury CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Levin, Powers, Brennan
& Shea

Occupation
Lobbyist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27529

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Thomas P. Sheridan

Mailing Address 33 Brookview Drive

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dwyer, Sheridan & Fitzgerald

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11AI.27678

Amount of Each Receipt this Period

100.00

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

B.

Full Name (Last, First, Middle Initial)

Thomas P. Sheridan

Mailing Address 33 Brookview Drive

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dwyer, Sheridan & Fitzgerald

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.28994

Amount of Each Receipt this Period

75.00

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

C.

Full Name (Last, First, Middle Initial)

William A. Shirley

Mailing Address 5 Gerlach Place

City

Larchmont

State

NY

Zip Code

10538

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIG Financial Products Co-
rp.

Occupation

Exec. VP and General Counsel

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28010

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Catherine Smith

Mailing Address 90 Foote Hill Road

City

Northford

State

CT

Zip Code

06472

FEC ID number of contributing
federal political committee.

C

Name of Employer
ING

Occupation

Chief Operating Officer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.29368

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)

Ernest B. Spira DDS

Mailing Address 1420 Main Street

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27603

Amount of Each Receipt this Period

275.00

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

Full Name (Last, First, Middle Initial)

John F. Stafstrom Jr.

Mailing Address 420 Brooklawn Avenue

City

Bridgeport

State

CT

Zip Code

06604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pullman & Comley

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27579

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

William A. Stanley

Mailing Address 292 Pequot Avenue

City

New London

State

CT

Zip Code

06320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence & Memorial Hospi-
tal

Occupation

Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27535

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Michael Suisman

Mailing Address 48 Orchard Road

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danny Corp.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.28006

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Eugene F. Sullivan

Mailing Address 214 Kenswick Lane

City

Windsor

State

CT

Zip Code

06095

FEC ID number of contributing
federal political committee.

C

Name of Employer
R & D dynamics Corporation

Occupation

Business Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29444

Amount of Each Receipt this Period

25.00

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

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Kevin B. Sullivan

Mailing Address 70 Timberwood Road

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Museum of Conn.

Occupation

President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29433

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Patrick J. Sullivan

Mailing Address 1090 Prospect Avenue

City

hartford

State

CT

Zip Code

06105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sullivan and LaShane

Occupation

Government Relations

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

640.76

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.29293

Amount of Each Receipt this Period

640.76

In-kind - Catering

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

C.

Full Name (Last, First, Middle Initial)

Christopher J. Swift

Mailing Address 49 Winfield Lane

City

New Canaan

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer
American International Group

Occupation

VP and CFO - Life and Retirement Serv.

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27805

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1390.76

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Dr. Bruce Tandy

Mailing Address 174 Rosemary Lane

City

South Windsor

State

CT

Zip Code

06074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation

Dentist

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27791

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Laurence A. Tanner

Mailing Address 11 Two Buck Ring

City

Burlington

State

CT

Zip Code

06013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central CT Health Alliance

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.27906

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Lisa Tenner

Mailing Address 121 Quail Run Road

City

Henderson

State

NV

Zip Code

89014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Card Player Cruises

Occupation

Partner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28202

Amount of Each Receipt this Period

2300.00

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

SUBTOTAL of Receipts This Page (optional)

3050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Mark Tenner

Mailing Address 121 Quail Run Road

City State Zip Code
Henderson NV 89014

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Card Player Cruises

Occupation
 Partner

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28200

Amount of Each Receipt this Period

2300.00

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

B.

Full Name (Last, First, Middle Initial)
 W. Fred Thal DDS

Mailing Address 162 Tunxis Road

City State Zip Code
West Hartford CT 06107

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pediatric Dentistry, P.C.

Occupation
 Dentist

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27840

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)
 Richard W. Tomeo

Mailing Address One Commercial Plaza

City State Zip Code
Hartford CT 06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Robinson & Cole

Occupation
 Attorney

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.29054

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

James E. Trimble

Mailing Address 8 Cardinal Road

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Life

Occupation

Actuary

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28040

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Steven V. Vollweiler

Mailing Address Purchase Street

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharpe Hill Winery

Occupation

Wine Seller

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.28830

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

James A. Wade

Mailing Address 39 Pinnacle Mountain Road

City

Simsbury

State

CT

Zip Code

06070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Robinson & Cole

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.29244

Amount of Each Receipt this Period

250.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

John C. Walters

Mailing Address 8 Pembroke Drive

City

Avon

State

CT

Zip Code

06001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Life

Occupation

President and COO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.28744

Amount of Each Receipt this Period

500.00

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

B.

Full Name (Last, First, Middle Initial)

Constance K. Weaver

Mailing Address 56 Old Stone Crossing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Hartford

Occupation

SVP - Chief Marketing Officer

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28034

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)

Howard N. Weiner

Mailing Address 26 Rushleigh Road

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodland Autobody

Occupation

Owner

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27995

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Walter R. White

Mailing Address 4833 Mc Donald Drive

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Life

Occupation

General Manager

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28024

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Michael J. Whouley

Mailing Address 208 Centre Street

City

Danvers

State

MA

Zip Code

01923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dewey Square

Occupation

Founder

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.27514

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

Robert B. Willumstad

Mailing Address 277 Park Avenue

City

New York

State

NY

Zip Code

10172

FEC ID number of contributing
federal political committee.

C

Name of Employer
American International Group

Occupation

Chairman and CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.27978

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Matthew E. Winter

Mailing Address 9 Farnham Park Drive

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIG Am. Gen. Domestic Life

Occupation

President and CEO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.27838

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Frank Wolak

Mailing Address P.O. Box 291

City

Granville

State

MA

Zip Code

01034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fuel Cell Energy, Inc.

Occupation

Executive

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.27726

Amount of Each Receipt this Period

250.00

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

C.

Full Name (Last, First, Middle Initial)

Neal S. Wolin

Mailing Address 14 W. Hill Drive

City

West Hartford

State

CT

Zip Code

06119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Financial Services

Occupation

Executive Vice President

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28023

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Shawn Wooden

Mailing Address 242 Trumbull Street

City

Hartford

State

CT

Zip Code

06103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Day Pitney LLPOccupation
Attorney

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	8

Transaction ID: SA11AI.29256

Amount of Each Receipt this Period

500.00

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

Full Name (Last, First, Middle Initial)

Stephen Woods

Mailing Address 94 New Britain Avenue

City

Newington

State

CT

Zip Code

06111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stonehedge Landscaping Co-
... InOccupation
Landscaper

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	8

Transaction ID: SA11AI.28342

Amount of Each Receipt this Period

250.00

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

Full Name (Last, First, Middle Initial)

Joan K. Woodward

Mailing Address 3520 Roberts Lane

City

Arlington

State

VA

Zip Code

22207

FEC ID number of contributing
federal political committee.

C

Name of Employer
The TravelersOccupation
EVP for Public Policy

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	8

Transaction ID: SA11AI.28742

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Robert K. Yass

Mailing Address 50 Ranger Lane

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Financial Services

Occupation

Government Affairs

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28038

Amount of Each Receipt this Period

250.00

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

B.

Full Name (Last, First, Middle Initial)

Lizabeth H. Zlatkus

Mailing Address 94 Warner Ct.

City

Glastonbury

State

CT

Zip Code

06033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hartford Life

Occupation

Executive Vice President & CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.28039

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

144207.76

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
AEGON USA INC POLITICAL ACTION COMMITTEE
 Mailing Address **1111 North Charles Street**

City State Zip Code
Baltimore MD 21201

FEC ID number of contributing federal political committee. **C C00236414**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

08 / 01 / 2008

Transaction ID: SA11C.29066

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
AIR LINE PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE
 Mailing Address **1625 MASSACHUSETTS AVE, N.W.**

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00035451**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

09 / 23 / 2008

Transaction ID: SA11C.28818

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE
 Mailing Address **2021 Massachusetts Ave. NW**

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C C00411553**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt

08 / 20 / 2008

Transaction ID: SA11C.29248

Amount of Each Receipt this Period

2500.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION BRAIN PAC; THE

Mailing Address 1080 Montreal Avenue

City

St. Paul

State

MN

Zip Code

55116

FEC ID number of contributing
federal political committee.

C C00435933

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11C.27808

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION BRAIN PAC; THE

Mailing Address 1080 Montreal Avenue

City

St. Paul

State

MN

Zip Code

55116

FEC ID number of contributing
federal political committee.

C C00435933

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11C.27968

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC

Mailing Address One Prince Street

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C C00306449

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11C.27739

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE

Mailing Address 9111 Old Georgetown Road

City State Zip Code
Bethesda MD 20814FEC ID number of contributing
federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 8

Transaction ID: SA11C.28814

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF PHYSICIAN SERVICES INC PAC; AKA ACP SERVICES PACMailing Address 25 Massachusetts Avenue
Suite 700City State Zip Code
Washington DC 20001FEC ID number of contributing
federal political committee. **C** C00403881

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11C.27814

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC

Mailing Address 1640 Wisconsin Ave NW

City State Zip Code
Washington DC 20007FEC ID number of contributing
federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11C.30775

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
AMERICAN DENTAL POLITICAL ACTION COMMITTEE
Mailing Address 1111 14TH STREET, NW, 11TH FLOORCity State Zip Code
WASHINGTON DC 20005FEC ID number of contributing
federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11C.27811

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE
Mailing Address Palladian 1
220 Leigh Farm RdCity State Zip Code
Durham NC 27707FEC ID number of contributing
federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11C.27621

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
AMERICAN INTERNATIONAL GROUP INC EMPLOYEE POLITICAL ACTION COMMITTEE
Mailing Address 70 PINE STREETCity State Zip Code
NEW YORK NY 10270FEC ID number of contributing
federal political committee. **C** C00097725

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
6250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11C.29361

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 VERMONT AVENUE N W

City State Zip Code
WASHINGTON DC 20005FEC ID number of contributing
federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11C.27969

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

Mailing Address 6200 S SYRACUSE WAY STE 200

City State Zip Code
GREENWOOD VILLAGE CO 80111FEC ID number of contributing
federal political committee. **C** C00389585

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: SA11C.29872

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES PACMailing Address 4245 N Fairfax Drive
Suite 750City State Zip Code
Arlington VA 22203FEC ID number of contributing
federal political committee. **C** C00333104

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11C.30777

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
AT&T CORP POLITICAL ACTION COMMITTEE (AT&T PAC)

Mailing Address **295 NORTH MAPLE AVENUE**

City State Zip Code
BASKING RIDGE NJ 07920

FEC ID number of contributing federal political committee. **C C00185124**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
6000.00

Date of Receipt

09 / 25 / 2008

Transaction ID: SA11C.28805

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address **1200 WILSON BLVD**

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

09 / 25 / 2008

Transaction ID: SA11C.28807

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
CITIZENS FINANCIAL GROUP INC. POLITICAL COMMITTEE

Mailing Address **c/o Kenneth W. Robinson Treasurer
One Citizens Plaza 12th Floor**

City State Zip Code
Providence RI 02903

FEC ID number of contributing federal political committee. **C C00307249**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt

08 / 09 / 2008

Transaction ID: SA11C.27734

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) **COCA-COLA ENTERPRISES INC EMPLOYEE NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT** Date of Receipt

Mailing Address **2500 WINDY RIDGE PARKWAY**

City State Zip Code
ATLANTA GA 30339

FEC ID number of contributing federal political committee. **C C00250134**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11C.28990

Amount of Each Receipt this Period

250.00

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

B. Full Name (Last, First, Middle Initial) **COLLEGE OF AMERICAN PATHOLOGISTS POLITICAL ACTION COMMITTEE** Date of Receipt

Mailing Address **1350 I Street, NW
Suite 590**

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00274944**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

M M / D D / Y Y Y Y Y
0 8 / 0 9 / 2 0 0 8

Transaction ID: SA11C.27744

Amount of Each Receipt this Period

1000.00

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

C. Full Name (Last, First, Middle Initial) **COMCAST CORP. POLITICAL ACTION COMMITTEE** Date of Receipt

Mailing Address **1500 Market Street
35th Floor**

City State Zip Code
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11C.29068

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION

Mailing Address 100 INDIANA AVENUE NW

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing
federal political committee.**C** C70001516

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 8	/	0 9	/	2 0 0 8

Transaction ID: SA11C.27740

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
DELOITTE & TOUCHE FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 365

City	State	Zip Code
Washington	DC	20044

FEC ID number of contributing
federal political committee.**C** C00211318

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 8	/	2 3	/	2 0 0 8

Transaction ID: SA11C.28955

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
DOMINION POLITICAL ACTION COMMITTEEMailing Address One James River Plaza 20th Floor
P.O. BOX 26666

City	State	Zip Code
Richmond	VA	23261

FEC ID number of contributing
federal political committee.**C** C00108209

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

-1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
0 7	/	1 7	/	2 0 0 8

Transaction ID: SA11C.29874

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
FUELCELL ENERGY INC PAC

Mailing Address **3 GREAT PASTURE ROAD**

City State Zip Code
DANBURY CT 06813

FEC ID number of contributing
federal political committee.

C C00204180

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 0 8 2 0 0 8

Transaction ID: SA11C.27728

Amount of Each Receipt this Period

5000.00

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

B.

Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN

Mailing Address **3190 FAIRVIEW PARK DRIVE**

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 1 7 2 0 0 8

Transaction ID: SA11C.29871

Amount of Each Receipt this Period

500.00

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

C.

Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN

Mailing Address **3190 FAIRVIEW PARK DRIVE**

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 0 1 2 0 0 8

Transaction ID: SA11C.29070

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1299 PENNSYLVANIA AVE NW STE 1100

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 9000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		2 5		2 0 0 8

Transaction ID: SA11C.28803

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
GENWORTH FINANCIAL INC POLITICAL ACTION COMMITTEE GENWORTH PAC

Mailing Address 6620 W. Broad Street

City	State	Zip Code
Richmond	VA	23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		2 3		2 0 0 8

Transaction ID: SA11C.28813

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
HARDWOOD FEDERATION PAC INCMailing Address 1111 Nineteenth Street NW;
Suite 800

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee. **C** C00396671

Name of Employer Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9		2 3		2 0 0 8

Transaction ID: SA11C.28809

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEEMailing Address 200 E BERRY STREET
PO BOX 7813City State Zip Code
FORT WAYNE IN 45802FEC ID number of contributing
federal political committee. **C** C00110577

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11C.28933

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
LINCOLN NATIONAL CORPORATION POLITICAL ACTION COMMITTEEMailing Address 200 E BERRY STREET
PO BOX 7813City State Zip Code
FORT WAYNE IN 45802FEC ID number of contributing
federal political committee. **C** C00110577

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: SA11C.27629

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
METROPOLITAN LIFE INSURANCE COMPANY (METLIFE) EMPLOYEES' POLITICAL PARTICIPATION FUND

Mailing Address ONE MADISON AVENUE

City State Zip Code
NEW YORK NY 10010FEC ID number of contributing
federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
4000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 7 / 2 0 0 8

Transaction ID: SA11C.29869

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
MUTUAL OF OMAHA COMPANIES PAC (IMPAC)

Mailing Address **Mutual of Omaha Plaza**

City State Zip Code
Omaha NE 68175

FEC ID number of contributing
federal political committee.

C C00094581

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 8

Transaction ID: SA11C.28992

Amount of Each Receipt this Period

1000.00

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

B.

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

Mailing Address **413 N. Lee Street**

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C C00022368

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11C.30773

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMMITTEE

Mailing Address **1922 F STREET, NW**

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing
federal political committee.

C C00005249

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11C.29069

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY & MEDICARE - PAC

Mailing Address **2000 K STREET**

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C C70002597**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

08 / 01 / 2008

Transaction ID: SA11C.29071

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
NATIONAL POSTAL MAIL HANDLERS UNION PAC - DIV OF LABORERS' INT'L UNION OF NO AMER

Mailing Address **905 16th Street NW
 Second Floor**

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C C00345306**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt

08 / 09 / 2008

Transaction ID: SA11C.27735

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)
NATIONAL POSTAL MAIL HANDLERS UNION PAC - DIV OF LABORERS' INT'L UNION OF NO AMER

Mailing Address **905 16th Street NW
 Second Floor**

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C C00345306**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

09 / 25 / 2008

Transaction ID: SA11C.28808

Amount of Each Receipt this Period

1500.00

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

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
NEA FUND FOR CHILDREN AND PUBLIC EDUCATION; THE (FKA NEAPAC)

Mailing Address **1201 16TH STREET NW #421**

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00003251**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

09 / 25 / 2008

Transaction ID: SA11C.28806

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
NEW YORK MERCANTILE EXCHANGE POLITICAL ACTION COMMITTEE

Mailing Address **One North End Ave
14th Floor**

City State Zip Code
New York NY 10282

FEC ID number of contributing federal political committee. **C C00230185**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt

08 / 29 / 2008

Transaction ID: SA11C.27942

Amount of Each Receipt this Period

2500.00

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

C.

Full Name (Last, First, Middle Initial)
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address **720 E. Wisconsin Ave.**

City State Zip Code
Milwaukee WI 53202

FEC ID number of contributing federal political committee. **C C00197095**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

08 / 01 / 2008

Transaction ID: SA11C.29063

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **700 Newport Center Drive**

City State Zip Code
Newport Beach CA 92660

FEC ID number of contributing federal political committee. **C C00068528**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

09 / 18 / 2008

Transaction ID: SA11C.28991

Amount of Each Receipt this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
PHARMACEUTICAL RESEARCH & MANUFACTURERS OF AMERICA BETTER GOVERNMENT COMMITTEE

Mailing Address **950 F Street NW Suite 300**

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C C00021972**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

09 / 23 / 2008

Transaction ID: SA11C.28815

Amount of Each Receipt this Period

1000.00

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

C.

Full Name (Last, First, Middle Initial)
PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address **711 HIGH ST/TAX DEPT**

City State Zip Code
DES MOINES IA 50392

FEC ID number of contributing federal political committee. **C C00128918**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

09 / 23 / 2008

Transaction ID: SA11C.28812

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 219

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
SIERRA CLUB POLITICAL COMMITTEE

Mailing Address 85 SECOND STREET SECOND FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

FEC ID number of contributing
federal political committee. **C** C00135368

Name of Employer

Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 7	/	1 7	/	2 0 0 8

Transaction ID: SA11C.29870

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
B.Full Name (Last, First, Middle Initial)
SIERRA CLUB POLITICAL COMMITTEE

Mailing Address 85 SECOND STREET SECOND FLOOR

City	State	Zip Code
SAN FRANCISCO	CA	94105

FEC ID number of contributing
federal political committee. **C** C00135368

Name of Employer

Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 1010.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 8	/	1 5	/	2 0 0 8

Transaction ID: SA11C.30781

Amount of Each Receipt this Period

10.00

 In-kind - Website Endorse-
ment
☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)
C.Full Name (Last, First, Middle Initial)
SPRINT NEXTEL CORPORATION POLITICAL ACTION COMMITTEEMailing Address 900 7th Street
Suite 700

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing
federal political committee. **C** C00089342

Name of Employer

Occupation

 Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

 Election Cycle-to-Date ▼
 2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
0 9	/	2 3	/	2 0 0 8

Transaction ID: SA11C.28817

Amount of Each Receipt this Period

1000.00

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

SUBTOTAL of Receipts This Page (optional)

2010.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
SUN LIFE ASSURANCE COMPANY OF CANADA (US) PACMailing Address 201 Townsend Street
Suite 900City State Zip Code
Lansing MI 48933FEC ID number of contributing
federal political committee. **C** C00419333

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11C.28216

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)
TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUNDMailing Address 1101 Pennsylvania Avenue NW
Suite 800City State Zip Code
Washington DC 20004FEC ID number of contributing
federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11C.29065

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)
TIMKEN COMPANY GOOD GOVERNMENT FUND, THE

Mailing Address 1835 Dueber Avenue S.W.

City State Zip Code
Canton OH 44706FEC ID number of contributing
federal political committee. **C** C00311308

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 8

Transaction ID: SA11C.28198

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
TRAVELERS PROPERTY CASUALTY CORP. POLITICAL ACTION COMMITTEE (TAP PAC)

Mailing Address **One Tower Square**

City State Zip Code
Hartford CT 06183

FEC ID number of contributing federal political committee. **C C00376376**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

09 / 25 / 2008

Transaction ID: SA11C.28802

Amount of Each Receipt this Period

4000.00

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

B.

Full Name (Last, First, Middle Initial)
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address **8000 EAST JEFFERSON**

City State Zip Code
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C C00002840**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt

08 / 29 / 2008

Transaction ID: SA11C.27970

Amount of Each Receipt this Period

2000.00

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

C.

Full Name (Last, First, Middle Initial)
UNITE HERE TIP CAMPAIGN COMMITTEE

Mailing Address **275 Seventh Ave. 10th Floor**

City State Zip Code
New York NY 10001

FEC ID number of contributing federal political committee. **C C00004861**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

08 / 09 / 2008

Transaction ID: SA11C.27741

Amount of Each Receipt this Period

5000.00

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

SUBTOTAL of Receipts This Page (optional)

11000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS POLITICAL ACTION COMMITTEE

Mailing Address **100 West Putnam Avenue**

City State Zip Code
Greenwich CT 06830

FEC ID number of contributing federal political committee. **C C00104851**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt

07 / 15 / 2008

Transaction ID: SA11C.27628

Amount of Each Receipt this Period

1500.00

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

B.

Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address **702 S.W. 8th Street**

City State Zip Code
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

08 / 01 / 2008

Transaction ID: SA11C.29067

Amount of Each Receipt this Period

1500.00

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

C.

Full Name (Last, First, Middle Initial)
WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Mailing Address **702 S.W. 8th Street**

City State Zip Code
Bentonville AR 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Date of Receipt

08 / 01 / 2008

Transaction ID: SA11C.29072

Amount of Each Receipt this Period

500.00

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

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)

LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

WASHINGTON MUTUAL POLITICAL ACTION COMMITTEE

Mailing Address 1215 Fourth Avenue FCB 1620
P.O. Box 834

City	State	Zip Code
Seattle	WA	98111

FEC ID number of contributing
federal political committee.**C** C00129833

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	8

Transaction ID: SA11C.28064

Amount of Each Receipt this Period

2000.00

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

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

97760.00

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

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

FOR LINE NUMBER: PAGE 129 / 219

(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
The Connecticut Bank and Trust Company
Mailing Address 7 Sycamore Street

City State Zip Code
Glastonbury CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13534.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 8

Transaction ID: SA15.29875

Amount of Each Receipt this Period

719.32

Interest

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

B.

Full Name (Last, First, Middle Initial)
The Connecticut Bank and Trust Company
Mailing Address 7 Sycamore Street

City State Zip Code
Glastonbury CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14344.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA15.30986

Amount of Each Receipt this Period

809.70

Interest

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

C.

Full Name (Last, First, Middle Initial)
The Connecticut Bank and Trust Company
Mailing Address 7 Sycamore Street

City State Zip Code
Glastonbury CT 06033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15310.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 7 / 2 0 0 8

Transaction ID: SA15.30987

Amount of Each Receipt this Period

966.62

Interest

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

SUBTOTAL of Receipts This Page (optional)

2495.64

TOTAL This Period (last page this line number only)

2495.64

SCHEDULE 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 130 / 219

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 83 Group LLC

Mailing Address River Road

City Tolland State CT Zip Code 06084

Purpose of Disbursement
 E-mail List

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28596

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2438.17

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

B.

Full Name (Last, First, Middle Initial)
 Ace Printery, Inc.

Mailing Address 41 Walnut Street

City Hartford State CT Zip Code 06120

Purpose of Disbursement
 Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30686

Date of Disbursement

/ /

Amount of Each Disbursement this Period

577.70

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

C.

Full Name (Last, First, Middle Initial)
 Ace Printery, Inc.

Mailing Address 41 Walnut Street

City Hartford State CT Zip Code 06120

Purpose of Disbursement
 Printing

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30687

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2098.80

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

SUBTOTAL of Disbursements This Page (optional)

5114.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ace Printery, Inc. Mailing Address 41 Walnut Street	Transaction ID: SB17.30688 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Hartford State CT Zip Code 06120 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>530.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Ace Printery, Inc. Mailing Address 41 Walnut Street City Hartford State CT Zip Code 06120 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30698 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>530.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Ace Printery, Inc. Mailing Address 41 Walnut Street City Hartford State CT Zip Code 06120 Purpose of Disbursement Printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30708 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>556.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1616.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) AIG Food Services Mailing Address 70 Pine Street	Transaction ID: SB17.30691 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 0 8</div> </div>
City New York State NY Zip Code 10270 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 114 City Newark State NJ Zip Code 07101 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29946 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 114 City Newark State NJ Zip Code 07101 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29947 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>40.42</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1296.37

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
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

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

Mailing Address P.O. Box 114

City State Zip Code
 Newark NJ 07101

Purpose of Disbursement
 Credit card payment (see below)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)
 The National Democratic Club

Mailing Address 30 Ivy Street, SE

City State Zip Code
 Washington DC 20002

Purpose of Disbursement
 Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
 Amazon

Mailing Address Information Requested

City State Zip Code
 Information Req. CT 06000

Purpose of Disbursement
 Books

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
VIP Limo Services

Mailing Address **7 Carlsbad Drive**

City **Stafford** State **VA** Zip Code **22554**

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30835.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Vintage Inn

Mailing Address **6541 Washington Street**

City **Yountville** State **CA** Zip Code **04599**

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30835.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Amazon

Mailing Address **Information Requested**

City **Information Req.** State **CT** Zip Code **06000**

Purpose of Disbursement
Books

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30835.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Napa Transportation

Mailing Address 1325 W. Imola

City Napa State CA Zip Code 94558

Purpose of Disbursement
Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.10
Date of Disbursement

/ /

Amount of Each Disbursement this Period

325.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Peppercorn's Grill

Mailing Address P.O. Box 776

City Plainville State CT Zip Code 06062

Purpose of Disbursement
Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.11
Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.50

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cavey's

Mailing Address 43 E. Center Street

City Manchester State CT Zip Code 06040

Purpose of Disbursement
Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.12
Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Amazon	Transaction ID: SB17.30835.14 Date of Disbursement
Mailing Address Information Requested	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Information Req. CT 06000 Purpose of Disbursement Books Candidate Name	Amount of Each Disbursement this Period <div>24.19</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p>[MEMO ITEM]</p>
B. Full Name (Last, First, Middle Initial) Amazon	Transaction ID: SB17.30835.15 Date of Disbursement
Mailing Address Information Requested	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Information Req. CT 06000 Purpose of Disbursement Books Candidate Name	Amount of Each Disbursement this Period <div>24.18</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p>[MEMO ITEM]</p>
C. Full Name (Last, First, Middle Initial) Cavey's	Transaction ID: SB17.30835.16 Date of Disbursement
Mailing Address 43 E. Center Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City State Zip Code Manchester CT 06040 Purpose of Disbursement Political meals Candidate Name	Amount of Each Disbursement this Period <div>288.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Marriott Hartford Downtown

Mailing Address **200 Columbus Boulevard**

City **Hartford** State **CT** Zip Code **06106**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.17

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Napa Transportation

Mailing Address **1325 W. Imola**

City **Napa** State **CA** Zip Code **94558**

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.18

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Bistro Bis

Mailing Address **15 E Street NW**

City **Washington** State **DC** Zip Code **20001**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Ristorante Tosca Mailing Address 1112 F Street NW	Transaction ID: SB17.30835.21 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20004 Purpose of Disbursement Political meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>540.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) U. S. Airways Mailing Address Bradley International Airport City Windsor Locks State CT Zip Code 06196 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30835.22 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>388.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sanditz Travel Mailing Address 98 Washington Street City Middletown State CT Zip Code 06457 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30835.23 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>80.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

FEC Schedule B (Form 3) (Revised 02/2003)

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

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) VIP Limo Services Mailing Address 7 Carlsbad Drive	Transaction ID: SB17.30835.28 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div>
City Stafford State VA Zip Code 22554 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>17.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Trattoria Alberto Mailing Address 506 8th Street, S.E. City Washington State DC Zip Code 20005 Purpose of Disbursement Political meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30835.29 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>161.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) The National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20002 Purpose of Disbursement Political meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30835.30 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>70.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 The National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30835.31

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

87.75

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

[MEMO ITEM]

B.

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

Mailing Address P.O. Box 114

City Newark State NJ Zip Code 07101

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30978

Date of Disbursement

08 / 04 / 2008

Amount of Each Disbursement this Period

5.95

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

C.

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

Mailing Address P.O. Box 114

City Newark State NJ Zip Code 07101

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30979

Date of Disbursement

08 / 05 / 2008

Amount of Each Disbursement this Period

93.22

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

SUBTOTAL of Disbursements This Page (optional)

99.17

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

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

Mailing Address P.O. Box 114

City State Zip Code
 Newark NJ 07101

Purpose of Disbursement
 Credit Card Payment (see below)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

Full Name (Last, First, Middle Initial)
 The National Democratic Club

Mailing Address 30 Ivy Street, SE

City State Zip Code
 Washington DC 20002

Purpose of Disbursement
 Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
 New York Times

Mailing Address 620 Eighth Avenue

City State Zip Code
 New York NY 10018

Purpose of Disbursement
 Subscription

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

4931.23

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
Kinkead's

Mailing Address 200 Pennsylvania Avenue N.W.

City Washington State DC Zip Code 20006

Purpose of Disbursement

Political meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

230.17

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)
The National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Political meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.4

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

188.75

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)
COSI#16

Mailing Address 1700 Pennsylvania Avenue NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

Political meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.5

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

96.53

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
U.S. House Dining Room

Mailing Address **U.S. Capitol**

City **Washington** State **DC** Zip Code **20002**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.6

Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.40

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Peppercorn's Grill

Mailing Address **P.O. Box 776**

City **Plainville** State **CT** Zip Code **06062**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.44

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

[MEMO ITEM]

C.

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

Mailing Address **Bradley International Airport**

City **Windsor Locks** State **CT** Zip Code **06196**

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

268.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

U. S. Airways

Mailing Address Bradley International Airport

City Windsor Locks State CT Zip Code 06196

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

VIP Limo Services

Mailing Address 7 Carlsbad Drive

City Stafford State VA Zip Code 22554

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.12

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

COSI#16

Mailing Address 1700 Pennsylvania Avenue NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
 Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Hyatt Regency Mailing Address 400 New Jersey Avenue, N.W. City Washington State DC Zip Code 20001 Purpose of Disbursement Political meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.27746.14 Date of Disbursement <div> <div>08</div> <div>07</div> <div>2008</div> </div>
Amount of Each Disbursement this Period <div>204.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) The Liaison Mailing Address 415 New Jersey Avenue NW City Washington State DC Zip Code 20001 Purpose of Disbursement Lodging Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.27746.15 Date of Disbursement <div> <div>08</div> <div>07</div> <div>2008</div> </div>
Amount of Each Disbursement this Period <div>356.66</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) Sonoma Mailing Address 223 Pennsylvania Avenue, S.E. City Washington State DC Zip Code 20003 Purpose of Disbursement Political meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.27746.16 Date of Disbursement <div> <div>08</div> <div>07</div> <div>2008</div> </div>
Amount of Each Disbursement this Period <div>607.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 The Liaison

Mailing Address 415 New Jersey Avenue NW

City Washington State DC Zip Code 20001

Purpose of Disbursement
 Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.17
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

312.01

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 VIP Limo Services

Mailing Address 7 Carlsbad Drive

City Stafford State VA Zip Code 22554

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.18
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.50

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

[MEMO ITEM]

C.

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

Mailing Address Bradley International Airport

City Windsor Locks State CT Zip Code 06196

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.19
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

729.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Sanditz Travel

Mailing Address 98 Washington Street

City Middletown State CT Zip Code 06457

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

The National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20002

Purpose of Disbursement
 Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.21

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.53

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

COSI#16

Mailing Address 1700 Pennsylvania Avenue NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
 Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

58.30

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Peppercorn's Grill

Mailing Address **P.O. Box 776**

City **Plainville** State **CT** Zip Code **06062**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.24

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.77

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
The National Democratic Club

Mailing Address **30 Ivy Street, SE**

City **Washington** State **DC** Zip Code **20002**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.25

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
The Charles Hotel

Mailing Address **One Bennett Street**

City **Cambridge** State **MA** Zip Code **02138**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27746.26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

209.16

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

The Charles Hotel

Mailing Address One Bennett Street

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement

Political meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

209.16

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

The Charles Hotel

Mailing Address One Bennett Street

City State Zip Code
Cambridge MA 02138

Purpose of Disbursement

Political meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.28

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

398.11

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sonoma

Mailing Address 223 Pennsylvania Avenue, S.E.

City State Zip Code
Washington DC 20003

Purpose of Disbursement

Political meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27746.29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Amount of Each Disbursement this Period

40.00

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) COSI#16</p> <p>Mailing Address 1700 Pennsylvania Avenue NW</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Political meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.27746.30 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 8 0 7 2 0 0 8 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">28.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 114</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30790 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 0 3 2 0 0 8 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">5.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 114</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Credit card payment (see below)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30710 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 9 0 4 2 0 0 8 </div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">4523.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

4529.24

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 The Greek Taverna

Mailing Address 1100 Pennsylvania Avenue NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.0

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

332.12

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 The National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.1

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

15.50

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
 Peppercorn's Grill

Mailing Address P.O. Box 776

City Plainville State CT Zip Code 06062

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.2

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

101.57

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) New York Times</p> <p>Mailing Address 620 Eighth Avenue</p> <p>City New York State NY Zip Code 10018</p> <p>Purpose of Disbursement Subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30710.3</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="37.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Carey International</p> <p>Mailing Address 4530 Wisconsin Avenue NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30710.6</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="135.45"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Max Downtown</p> <p>Mailing Address 185 Asylum Street</p> <p>City Hartford State CT Zip Code 06103</p> <p>Purpose of Disbursement Political meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30710.8</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="204.02"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Capital Grille

Mailing Address **601 Pennsylvania Avenue NW**

City **Washington** State **DC** Zip Code **20003**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

372.30

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Capital Grille

Mailing Address **601 Pennsylvania Avenue NW**

City **Washington** State **DC** Zip Code **20003**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.11

Date of Disbursement

/ /

Amount of Each Disbursement this Period

47.60

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
The National Democratic Club

Mailing Address **30 Ivy Street, SE**

City **Washington** State **DC** Zip Code **20002**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.12

Date of Disbursement

/ /

Amount of Each Disbursement this Period

36.63

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) VIP Limo Services Mailing Address 7 Carlsbad Drive	Transaction ID: SB17.30710.13 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 8</div> </div>
City Stafford State VA Zip Code 22554 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>44.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) The National Democratic Club Mailing Address 30 Ivy Street, SE City Washington State DC Zip Code 20002 Purpose of Disbursement Political meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30710.14 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>77.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Sanditz Travel Mailing Address 98 Washington Street City Middletown State CT Zip Code 06457 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30710.15 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>48.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

U. S. Airways

Mailing Address Bradley International Airport

City Windsor Locks State CT Zip Code 06196

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.16

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

150.00

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

The Italian Store

Mailing Address 3123 Lee Highway

City Arlington State VA Zip Code 22201

Purpose of Disbursement

Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.17

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

229.17

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Harris Teeter

Mailing Address 1300 Colonial Avenue

City Norfolk State VA Zip Code 23517

Purpose of Disbursement

Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.18

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

224.64

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Peppercorn's Grill

Mailing Address **P.O. Box 776**

City **Plainville** State **CT** Zip Code **06062**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.20

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.38

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Sonoma

Mailing Address **223 Pennsylvania Avenue, S.E.**

City **Washington** State **DC** Zip Code **20003**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.21

Date of Disbursement

/ /

Amount of Each Disbursement this Period

114.60

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Marco Polo Restaurant

Mailing Address **1250 Burnside Avenue**

City **East Hartford** State **CT** Zip Code **06108**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.23

Date of Disbursement

/ /

Amount of Each Disbursement this Period

74.03

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Peppercorn's Grill

Mailing Address **P.O. Box 776**

City **Plainville** State **CT** Zip Code **06062**

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.24

Date of Disbursement

/ /

Amount of Each Disbursement this Period

58.07

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

[MEMO ITEM]

B.

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

Mailing Address **7001 Tower Road**

City **Denver** State **CO** Zip Code **80249**

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.26

Date of Disbursement

/ /

Amount of Each Disbursement this Period

193.69

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
United Air Lines

Mailing Address **Bradley International Airport**

City **Windsor Locks** State **CT** Zip Code **06000**

Purpose of Disbursement

Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30710.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

746.50

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 United Air Lines

Mailing Address Bradley International Airport

City Windsor Locks State CT Zip Code 06000

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30710.28
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

746.50

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
 Sanditz Travel

Mailing Address 98 Washington Street

City Middletown State CT Zip Code 06457

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30710.29
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

80.00

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

[MEMO ITEM]

C.

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

Mailing Address P.O. Box 114

City Newark State NJ Zip Code 07101

Purpose of Disbursement
 Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30796
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.78

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

SUBTOTAL of Disbursements This Page (optional)

28.78

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

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

Mailing Address 5 West Service Road

City Hartford State CT Zip Code 06042

Purpose of Disbursement
 Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30625

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

B.

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

Mailing Address 5 West Service Road

City Hartford State CT Zip Code 06042

Purpose of Disbursement
 Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30695

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

C.

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

Mailing Address 5 West Service Road

City Hartford State CT Zip Code 06042

Purpose of Disbursement
 Telephone service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30750

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

SUBTOTAL of Disbursements This Page (optional)

971.89

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Jeff Bayer

Mailing Address 52 Buckingham Street

City Hartford State CT Zip Code 06103

Purpose of Disbursement
Reimbursement - Supplies

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30670

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	8

Amount of Each Disbursement this Period

132.48

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

Full Name (Last, First, Middle Initial)

Jeff Bayer

Mailing Address 52 Buckingham Street

City Hartford State CT Zip Code 06103

Purpose of Disbursement
Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30672

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	0	8

Amount of Each Disbursement this Period

300.00

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

Full Name (Last, First, Middle Initial)

Borders Books

Mailing Address 59 Pavilions Drive

City Manchester State CT Zip Code 06040

Purpose of Disbursement
Books

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30727

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	8

Amount of Each Disbursement this Period

1142.41

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

SUBTOTAL of Disbursements This Page (optional)

1574.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Francisco L. Borges

Mailing Address 1 Gold Street

City Hartford State CT Zip Code 06103

Purpose of Disbursement
 In-Kind - Food

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30770

Date of Disbursement

/ /

Amount of Each Disbursement this Period

430.80

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

B.

Full Name (Last, First, Middle Initial)
 Callahan Flower Shop

Mailing Address 1429 Main Street

City East Hartford State CT Zip Code 06108

Purpose of Disbursement
 Flowers

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30621

Date of Disbursement

/ /

Amount of Each Disbursement this Period

134.46

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

C.

Full Name (Last, First, Middle Initial)
 Callahan Flower Shop

Mailing Address 1429 Main Street

City East Hartford State CT Zip Code 06108

Purpose of Disbursement
 Flowers

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30663

Date of Disbursement

/ /

Amount of Each Disbursement this Period

123.86

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

SUBTOTAL of Disbursements This Page (optional)

689.12

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Callahan Flower Shop Mailing Address 1429 Main Street	Transaction ID: SB17.30735 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 8</div> </div>
City East Hartford State CT Zip Code 06108 Purpose of Disbursement Flowers Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>151.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Capital Bankcard Mailing Address P. O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29948 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>24.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Capital Bankcard Mailing Address P. O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30981 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>24.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

201.38

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
Capital One

Mailing Address P.O. Box 60024

City State Zip Code
City of Industry CA 91716Purpose of Disbursement
Credit card payment (see below)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.29992

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	8

Amount of Each Disbursement this Period

2473.89

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)
Capital One

Mailing Address P.O. Box 60024

City State Zip Code
City of Industry CA 91716Purpose of Disbursement
Credit Card Payment (see below)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27884

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Amount of Each Disbursement this Period

5583.73

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)
Peppercorn's Grill

Mailing Address P.O. Box 776

City State Zip Code
Plainville CT 06062Purpose of Disbursement
Political meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.27884.0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Amount of Each Disbursement this Period

124.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)

8057.62

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
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
EarthLink, Inc.

Mailing Address **P.O. Box 7645**

City **Atlanta** State **GA** Zip Code **30357**

Purpose of Disbursement
Internet

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27884.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Hook & Ladder Restaurant

Mailing Address **251 Main Street**

City **Hartford** State **CT** Zip Code **06106**

Purpose of Disbursement
Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27884.2

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Spris Restaurant

Mailing Address **10 Constitution Plaza**

City **Hartford** State **CT** Zip Code **06103**

Purpose of Disbursement
Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.27884.3

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

FEC Schedule B (Form 3) (Revised 02/2003)

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

NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

FEC Schedule B (Form 3) (Revised 02/2003)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**Full Name (Last, First, Middle Initial)
Peppercorn's Grill

Mailing Address P.O. Box 776

City Plainville State CT Zip Code 06062

Purpose of Disbursement

Political meals

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30762.0

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Amount of Each Disbursement this Period

43.76

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****B.**Full Name (Last, First, Middle Initial)
EarthLink, Inc.

Mailing Address P.O. Box 7645

City Atlanta State GA Zip Code 30357

Purpose of Disbursement

Internet

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30762.2

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Amount of Each Disbursement this Period

19.95

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]****C.**Full Name (Last, First, Middle Initial)
Marriott Hotels

Mailing Address 10205 Ditmars Blvd.

City Flushing State NY Zip Code 11369

Purpose of Disbursement

Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30762.3

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Amount of Each Disbursement this Period

264.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

FEC Schedule B (Form 3) (Revised 02/2003)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Northwest Air Lines

Mailing Address 7500 Airline Drive

City State Zip Code
 Minneapolis MN 55450

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30762.9

Date of Disbursement

/ /

Amount of Each Disbursement this Period

985.00

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

[MEMO ITEM]

B.

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

Mailing Address 400 New Jersey Avenue, N.W.

City State Zip Code
 Washington DC 20001

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30762.10

Date of Disbursement

/ /

Amount of Each Disbursement this Period

16.00

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

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
 Vonage

Mailing Address 23 Main Street

City State Zip Code
 Holmdel NJ 07733

Purpose of Disbursement
 Telephone

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30762.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

61.71

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

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Hyatt Regency Mailing Address 400 New Jersey Avenue, N.W.	Transaction ID: SB17.30762.16 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2008</div> </div>
City Washington State DC Zip Code 20001 Purpose of Disbursement Political meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>40.35</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Hyatt Regency Mailing Address 400 New Jersey Avenue, N.W.	Transaction ID: SB17.30762.17 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2008</div> </div>
City Washington State DC Zip Code 20001 Purpose of Disbursement Political meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>90.13</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Marriott Hotels Mailing Address 10205 Ditmars Blvd.	Transaction ID: SB17.30762.18 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2008</div> </div>
City Flushing State NY Zip Code 11369 Purpose of Disbursement Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1116.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ►	
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
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Marriott Hotels	Transaction ID: SB17.30762.19 Date of Disbursement
Mailing Address 10205 Ditmars Blvd.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 8</div> </div>
City Flushing State NY Zip Code 11369	Amount of Each Disbursement this Period
Purpose of Disbursement Travel	<div> <div>909.38</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
B. Full Name (Last, First, Middle Initial) Budget Rent-A-Car	Transaction ID: SB17.30762.20 Date of Disbursement
Mailing Address 24050 East 78th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 8</div> </div>
City Denver State CO Zip Code 80249	Amount of Each Disbursement this Period
Purpose of Disbursement Car Rental	<div> <div>849.11</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
C. Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: SB17.30762.21 Date of Disbursement
Mailing Address 1101 Vermont Avenue, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Data Base	<div> <div>650.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Capitol Promotions, Inc.

Mailing Address P. O. Box 231

City State Zip Code
 Glenside PA 19038

Purpose of Disbursement
 Signs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30679

Date of Disbursement

/ /

Amount of Each Disbursement this Period

934.00

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

B.

Full Name (Last, First, Middle Initial)
 Chatterleys

Mailing Address 2 Bridge Street

City State Zip Code
 New Hartford CT 06057

Purpose of Disbursement
 Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30694

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)
 Connecticut Jewish Ledger

Mailing Address 740 North Main Street

City State Zip Code
 West Hartford CT 06117

Purpose of Disbursement
 Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30683

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

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

SUBTOTAL of Disbursements This Page (optional)

1284.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Connecticut Women's Education Fund

Mailing Address 135 Broad Street

City Hartford State CT Zip Code 06105

Purpose of Disbursement

Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30744

Date of Disbursement

09 / 14 / 2008

Amount of Each Disbursement this Period

210.00

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

B. Full Name (Last, First, Middle Initial)
 D'Aprile Package Store LLC

Mailing Address 288 Franklin Avenue

City Hartford State CT Zip Code 06114

Purpose of Disbursement

Beverages

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30764

Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

244.26

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

C. Full Name (Last, First, Middle Initial)
 Linda Dickson

Mailing Address 112 Sherman Road

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Reimbursement - Food & Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30652

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

274.45

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

SUBTOTAL of Disbursements This Page (optional)

728.71

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

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Nuala E. Droney

Mailing Address 51 Lemay Street

City State Zip Code
West Hartford CT 06107Purpose of Disbursement
In Kind - Food and Beverages

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30832

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Amount of Each Disbursement this Period

479.24

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

Full Name (Last, First, Middle Initial)

Duby McDowell Communications LLC

Mailing Address 40 Hungerford Street

City State Zip Code
Hartford CT 06106Purpose of Disbursement
Consulting

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30758

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Amount of Each Disbursement this Period

1855.00

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

Full Name (Last, First, Middle Initial)

Robert J. Durbin

Mailing Address 51 Lemay Street

City State Zip Code
West Hartford CT 06107Purpose of Disbursement
In Kind - Food and Beverages

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30834

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Amount of Each Disbursement this Period

1939.15

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

4273.39

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 David J. Elliott

Mailing Address 55 Fawn Run

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
 Entertainment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30634

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

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

B.

Full Name (Last, First, Middle Initial)
 Gois Broadcasting

Mailing Address 135 Burnside Avenue

City East Hartford State CT Zip Code 06108

Purpose of Disbursement
 Advertisements

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30747

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3999.00

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

C.

Full Name (Last, First, Middle Initial)
 Golden Rule Insurance Company

Mailing Address P.O. Box 740209

City Cincinnati State OH Zip Code 45274

Purpose of Disbursement
 Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

533.40

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

SUBTOTAL of Disbursements This Page (optional)

6532.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 Greater Hartford Branch NAACP

Mailing Address P.O. Box 1012

City Hartford State CT Zip Code 06143

Purpose of Disbursement
 Advertisement and event tickets
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30746
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

305.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
 Hartford Fine Art & Framing

Mailing Address 80 Pitkin Street

City East Hartford State CT Zip Code 06108

Purpose of Disbursement
 Framing
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30647
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.09

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
 Help & Hope Breakfast

Mailing Address 839-41 Asylum Avenue

City Hartford State CT Zip Code 06105

Purpose of Disbursement
 Advertisement
 Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
 State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30615
 Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

805.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Rosemary J. Hogan

Mailing Address 61 Pershing Road

City Windsor Locks State CT Zip Code 06096

Purpose of Disbursement
 In-Kind - Refreshments

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.29802

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.35

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
 Jordan Caterers

Mailing Address 1718 Cheshire Avenue

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
 Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30696

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1535.94

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
 La Casona

Mailing Address 681 Wethersfield Avenue

City Hartford State CT Zip Code 06114

Purpose of Disbursement
 Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30677

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2054.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Lori LaFave

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
 Reimbursement - Food & Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

336.46

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
 Lori LaFave

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
 Fundraising

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30665

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
 Lori LaFave

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement
 Reimbursement - Food & Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1170.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

4506.46

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:
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 JOHN B LARSON

Mailing Address 1887 OLD MAIN STREET

City EAST HARTFORD State CT Zip Code 06108

Purpose of Disbursement
 Reimbursement - Auto Expenses

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 01

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
 Patricia LeShane

Mailing Address 1090 Prospect Avenue

City Hartford State CT Zip Code 06105

Purpose of Disbursement
 In-Kind - Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB17.29260

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
 Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City Manchester State CT Zip Code 06040

Purpose of Disbursement
 Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28431

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City Manchester State CT Zip Code 06040

Purpose of Disbursement
 Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City Manchester State CT Zip Code 06040

Purpose of Disbursement
 Reimbursement - Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28564

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.56

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City Manchester State CT Zip Code 06040

Purpose of Disbursement
 Salary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.29950

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1689.38

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1927.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.29982 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name	Amount of Each Disbursement this Period <div>28.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.29983 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Printer Candidate Name	Amount of Each Disbursement this Period <div>762.06</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.29986 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name	Amount of Each Disbursement this Period <div>23.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

813.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30619 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div>44.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30622 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Cell Phone 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:	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30630 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div>126.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

220.50

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 PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City Manchester State CT Zip Code 06040

Purpose of Disbursement
Reimbursement - Supplies

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30636

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	8

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City Manchester State CT Zip Code 06040

Purpose of Disbursement
Salary

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30637

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Amount of Each Disbursement this Period

1689.38

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City Manchester State CT Zip Code 06040

Purpose of Disbursement
Reimbursement - Postage

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30646

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

638.47

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2427.85

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
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30651 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - Postage	<div> <div>168.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30653 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - Meals	<div> <div>26.96</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30655 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - Supplies	<div> <div>137.79</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

332.75

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:
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30661 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - Postage	<div> <div>23.27</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30666 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div> <div>1689.39</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30668 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - Supplies	<div> <div>78.08</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1790.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30669 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name	Amount of Each Disbursement this Period <div>16.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30671 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name	Amount of Each Disbursement this Period <div>42.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30673 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Cell Phone Candidate Name	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

109.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30674 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div> <div></div> <div>2.35</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30681 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div> <div></div> <div>16.96</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30682 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div> <div></div> <div>5.81</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

25.12

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30689 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div>23.37</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Postage 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:	Transaction ID: SB17.30690 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 2 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Cell phone 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:	Transaction ID: SB17.30700 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

573.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30701 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name	Amount of Each Disbursement this Period <div>138.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30702 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name	Amount of Each Disbursement this Period <div>107.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30703 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name	Amount of Each Disbursement this Period <div>108.12</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

354.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30704 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - Supplies	<div> <div></div> <div>322.02</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30706 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div> <div></div> <div>1689.37</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30709 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040	Amount of Each Disbursement this Period
Purpose of Disbursement Salary	<div> <div></div> <div>2000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4011.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City State Zip Code
 Manchester CT 06040

Purpose of Disbursement
 Reimbursement - Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30713

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

93.60

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City State Zip Code
 Manchester CT 06040

Purpose of Disbursement
 Reimbursement - Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30714

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

12.17

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Geoffrey R. Luxenberg

Mailing Address 345 Buckland Hills Drive

City State Zip Code
 Manchester CT 06040

Purpose of Disbursement
 Reimbursement - Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30715

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

6.89

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

112.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30716 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>238.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30717 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>298.56</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Cell phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30718 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

587.06

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30738 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div> <div></div> <div>8.55</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30739 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div> <div></div> <div>92.77</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30740 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies 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:	Amount of Each Disbursement this Period <div> <div></div> <div>103.61</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

204.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30743 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name	Amount of Each Disbursement this Period <div>2.31</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30745 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Salary Candidate Name	Amount of Each Disbursement this Period <div>1689.38</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg	Transaction ID: SB17.30749 Date of Disbursement
Mailing Address 345 Buckland Hills Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 6 / 2 0 0 8</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Cell phone Candidate Name	Amount of Each Disbursement this Period <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

1741.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive	Transaction ID: SB17.30754 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2008</div> </div>
City Manchester State CT Zip Code 06040 Purpose of Disbursement Reimbursement - Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>10.59</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Geoffrey R. Luxenberg Mailing Address 345 Buckland Hills Drive City Manchester State CT Zip Code 06040 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30769 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1689.39</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Marriott Hartford Downtown Mailing Address 200 Columbus Boulevard City Hartford State CT Zip Code 06106 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.29987 Date of Disbursement <div> <div>07</div> <div>20</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>1248.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
SUBTOTAL of Disbursements This Page (optional)	<div>2948.46</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Artan Martinaj Mailing Address 375 Goodwin Street	Transaction ID: SB17.29834 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 8 / 2 0 0 8</div> </div>
City East Hartford State CT Zip Code 06108 Purpose of Disbursement In-Kind - Refreshments, table rentals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1264.69</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address P. O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30982 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>115.58</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address P. O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Service Charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30984 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>0.12</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1380.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address P. O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30985</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7.45"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address P. O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30792</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address P. O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30793</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.64"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)

36.04

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address P. O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30794</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>10.15</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address P. O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30795</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>57.75</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>C.</p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1101 Vermont Avenue, NW</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Internet service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.30737</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 8</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>174.00</div> </div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>SUBTOTAL of Disbursements This Page (optional) ►</p>		<div> <div></div> <div>241.90</div> </div>
<p>TOTAL This Period (last page this line number only) ►</p>		<div> <div></div> </div>

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Jennifer L. Paquette Mailing Address 301 Wolcott Hill Road	Transaction ID: SB17.28432 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 4 / 2 0 0 8</div> </div>
City Wethersfield State CT Zip Code 06109 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1631.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Jennifer L. Paquette Mailing Address 301 Wolcott Hill Road City Wethersfield State CT Zip Code 06109 Purpose of Disbursement Reimbursement - Food and Beverage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.28433 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>53.27</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Jennifer L. Paquette Mailing Address 301 Wolcott Hill Road City Wethersfield State CT Zip Code 06109 Purpose of Disbursement Reimbursement - Supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30631 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 6 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>31.28</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1715.76

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:
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) Jennifer L. Paquette Mailing Address 301 Wolcott Hill Road	Transaction ID: SB17.30638 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 5 / 2 0 0 8</div> </div>
City Wethersfield State CT Zip Code 06109 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1631.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) Jennifer L. Paquette Mailing Address 301 Wolcott Hill Road	Transaction ID: SB17.30707 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 9 / 2 0 0 8</div> </div>
City Wethersfield State CT Zip Code 06109 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1631.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) Peter A. Reilly Jr. Scholarship Fund Mailing Address 20-28 Sargeant Street	Transaction ID: SB17.29984 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Hartford State CT Zip Code 06105 Purpose of Disbursement Advertisement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3562.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

R. C. Knox

Mailing Address 225 Asylum Street

City State Zip Code
 Hartford CT 06103

Purpose of Disbursement
 Insurance

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.29988

Date of Disbursement

/ /

Amount of Each Disbursement this Period

599.50

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Rainbow Graphics

Mailing Address 51 Edwin Road

City State Zip Code
 South Windsor CT 06074

Purpose of Disbursement
 Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28467

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1899.50

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Sgt. Felix M. Del Gregorio Scholarship

Mailing Address 6 Alcima Drive

City State Zip Code
 Simsbury CT 06070

Purpose of Disbursement
 Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.29990

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2799.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS**A.**

Full Name (Last, First, Middle Initial)

Signal Outdoor

Mailing Address 7616 Southland Blvd.

City Orlando State FL Zip Code 32809

Purpose of Disbursement
Advertisement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30645

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Amount of Each Disbursement this Period

25930.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Sodexo Sports & Leisure

Mailing Address 615 Silver Lane

City East Hartford State CT Zip Code 06118

Purpose of Disbursement
Catering

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30627

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	0	8

Amount of Each Disbursement this Period

9393.67

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Patrick J. Sullivan

Mailing Address 1090 Prospect Avenue

City hartford State CT Zip Code 06105

Purpose of Disbursement
In-Kind - Catering

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.29295

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	8

Amount of Each Disbursement this Period

640.76

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

35964.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) The Artists Collective Mailing Address 1200 Albany Avenue	Transaction ID: SB17.30649 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Hartford State CT Zip Code 06112 Purpose of Disbursement Facility Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1940.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) The Artists Collective Mailing Address 1200 Albany Avenue City Hartford State CT Zip Code 06112 Purpose of Disbursement Facility Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30734 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 4 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) The Board Room Mailing Address 241 Main Street City Hartford State CT Zip Code 06106 Purpose of Disbursement Occupancy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30644 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>530.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2970.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 The Board Room

Mailing Address 241 Main Street

City State Zip Code
 Hartford CT 06106

Purpose of Disbursement
 Occupancy

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30705

Date of Disbursement

/ /

Amount of Each Disbursement this Period

530.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
 The Charles Hotel

Mailing Address One Bennett Street

City State Zip Code
 Cambridge MA 02138

Purpose of Disbursement
 Travel

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28669

Date of Disbursement

/ /

Amount of Each Disbursement this Period

922.50

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City State Zip Code
 Glastonbury CT 06033

Purpose of Disbursement
 Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.29912

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1462.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.29945

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.85

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.29876

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.29877

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

13.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.29878

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.29879

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

20.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
 Service Charge
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.30975

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
 Service Charge
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.30976

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
 Service Charge
 Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB17.30918

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

24.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) The Connecticut Bank and Trust Company	Transaction ID: SB17.30977 Date of Disbursement
Mailing Address 7 Sycamore Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 8 / 2 0 0 8</div> </div>
City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Service Charge Candidate Name	Amount of Each Disbursement this Period <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) The Connecticut Bank and Trust Company	Transaction ID: SB17.30783 Date of Disbursement
Mailing Address 7 Sycamore Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Service Charge Candidate Name	Amount of Each Disbursement this Period <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) The Connecticut Bank and Trust Company	Transaction ID: SB17.30791 Date of Disbursement
Mailing Address 7 Sycamore Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 3 / 2 0 0 8</div> </div>
City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Service Charge Candidate Name	Amount of Each Disbursement this Period <div>10.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

20.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30784

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30785

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)
 The Connecticut Bank and Trust Company

Mailing Address 7 Sycamore Street

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB17.30786

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) The Connecticut Bank and Trust Company	Transaction ID: SB17.30787 Date of Disbursement
Mailing Address 7 Sycamore Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 0 8</div> </div>
City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Service Charge Candidate Name	Amount of Each Disbursement this Period <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
B. Full Name (Last, First, Middle Initial) The Connecticut Bank and Trust Company	Transaction ID: SB17.30788 Date of Disbursement
Mailing Address 7 Sycamore Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 6 / 2 0 0 8</div> </div>
City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Service Charge Candidate Name	Amount of Each Disbursement this Period <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>
C. Full Name (Last, First, Middle Initial) The Connecticut Bank and Trust Company	Transaction ID: SB17.30789 Date of Disbursement
Mailing Address 7 Sycamore Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 7 / 2 0 0 8</div> </div>
City Glastonbury State CT Zip Code 06033 Purpose of Disbursement Service Charge Candidate Name	Amount of Each Disbursement this Period <div>5.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div>

SUBTOTAL of Disbursements This Page (optional)

15.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) The Hartford Mailing Address Hartford Plaza	Transaction ID: SB17.30675 Date of Disbursement <div> <div>08</div> <div>17</div> <div>2008</div> </div>
City Hartford State CT Zip Code 06103 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>530.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Full Name (Last, First, Middle Initial) The Hartford Mailing Address Hartford Plaza City Hartford State CT Zip Code 06103 Purpose of Disbursement Insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30757 Date of Disbursement <div> <div>09</div> <div>26</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>184.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. Full Name (Last, First, Middle Initial) The Hartford Club Mailing Address 46 Prospect Street City Hartford State CT Zip Code 06103 Purpose of Disbursement Catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.30662 Date of Disbursement <div> <div>08</div> <div>14</div> <div>2008</div> </div> Amount of Each Disbursement this Period <div>765.32</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1479.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 The National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30664

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

389.02

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
 The National Democratic Club

Mailing Address 30 Ivy Street, SE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Political meals

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30761

Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

255.19

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
 U. S. Postmaster

Mailing Address Ann Street

City Hartford State CT Zip Code 06103

Purpose of Disbursement

Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30693

Date of Disbursement

08 / 29 / 2008

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1644.21

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Vineyard Properties

Mailing Address 300 East River Drive

City East Hartford State CT Zip Code 06108

Purpose of Disbursement
 Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30667

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Vineyard Properties

Mailing Address 300 East River Drive

City East Hartford State CT Zip Code 06108

Purpose of Disbursement
 Rent

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30711

Date of Disbursement

09 / 07 / 2008

Amount of Each Disbursement this Period

4000.00

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Shawn Wooden

Mailing Address 242 Trumbull Street

City Hartford State CT Zip Code 06103

Purpose of Disbursement
 Reimbursement - Food and Beverage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.28499

Date of Disbursement

07 / 06 / 2008

Amount of Each Disbursement this Period

1218.34

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

9218.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

WTIC AM

Mailing Address 10 Executive Drive

City
Farmington

State
CT

Zip Code
06032

Purpose of Disbursement
Advertisement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB17.30751

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	0	8

Amount of Each Disbursement this Period

3520.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

3520.00

TOTAL This Period (last page this line number only)

147835.69

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

INTERNATIONAL UNION OF PAINTERS AND ALLIED TRADES POLITICAL ACTION TOGETHER POLITICAL CO

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement

Return of Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB20B.28466

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

300.00

TOTAL This Period (last page this line number only) ►

300.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

CT WORKING FAMILIES FEDERAL PAC D/B/A TAKE BACK CONGRESS
 CT

Mailing Address 621 FARMINGTON AVENUE

City State Zip Code
 HARTFORD CT 06105

Purpose of Disbursement
 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.30724

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Democratic State Central Committee - Fed. Account

Mailing Address 380 Franklin Avenue

City State Zip Code
 Hartford CT 06116

Purpose of Disbursement
 Transfer of funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.30723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Democratic State Central Committee - Fed. Account

Mailing Address 380 Franklin Avenue

City State Zip Code
 Hartford CT 06116

Purpose of Disbursement
 Transfer of funds

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.30755

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A. Full Name (Last, First, Middle Initial) East Hartford Interfaith Coalition	Transaction ID: SB21.30732 Date of Disbursement
Mailing Address Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 8</div> </div>
City East Hartford State CT Zip Code 06108	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div> <div>1000.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB21.30641 Date of Disbursement
Mailing Address 65 High Ridge Road Box 456 BOX 456	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 8</div> </div>
City Stamford State CT Zip Code 06905	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution - Primary	<div> <div>2000.00</div> </div>
Candidate Name JIM HIMES FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB21.30643 Date of Disbursement
Mailing Address 65 High Ridge Road Box 456 BOX 456	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 8</div> </div>
City Stamford State CT Zip Code 06905	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution - General	<div> <div>2000.00</div> </div>
Candidate Name JIM HIMES FOR CONGRESS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
 LARSON FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
 Saint Francis Hospital and Medical Center

Mailing Address 114 Woodland Street

City State Zip Code
 Hartford CT 06105

Purpose of Disbursement
 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.30618

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
 St. Patricks/St. Anthony Church

Mailing Address 285 Church Street

City State Zip Code
 Hartford CT 06103

Purpose of Disbursement
 Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21.30733

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
 ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N WOOSTER AVENUE

City State Zip Code
 DOVER OH 44622

Purpose of Disbursement
 Contribution

Candidate Name
 ZACK SPACE FOR CONGRESS COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 18

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB21.30728

Date of Disbursement

/ /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess
 Contributions Required Under
 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)