

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

FRIENDS OF ROSA DELAURO

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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)).....	139905.76	307070.76
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	139905.76	306770.76
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	53131.07	170244.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1850.62
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53131.07	168394.13
8. Cash on Hand at Close of Reporting Period (from Line 27).....	93081.57	
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

Write or Type Committee Name
FRIENDS OF ROSA DELAURO

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	67500.00	111600.00
(i) Itemized (use Schedule A).....	2150.00	9615.00
(ii) Unitemized.....	69650.00	121215.00
(iii) TOTAL of contributions from individuals..... ▶	5.76	105.76
(b) Political Party Committees.....	70250.00	185750.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	139905.76	307070.76
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
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	1850.62
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	22.67
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	139905.76	308944.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53131.07	170244.75
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	300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	300.00
21. OTHER DISBURSEMENTS.....	61500.00	89228.60
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	114631.07	259773.35

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	67806.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	139905.76
25. SUBTOTAL (add Line 23 and Line 24).....	207712.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	114631.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	93081.57

CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)
(Millionaires' Amendment)

Name of Candidate		Candidate ID Number
Rosa DeLauro		H0CT03072
Name of Principal Campaign Committee		Committee ID Number
FRIENDS OF ROSA DELAURO		C C00238865
Committee Address		
12 TRUMBULL STREET		
City	State	ZIP
NEW HAVEN	CT	06511-
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	Primary	General
1. Gross receipts of authorized committees	302744.05	6200.00
2. Aggregate amount of contributions from personal funds of the candidate	0.00	0.00
3. Gross receipts minus the candidate's personal contributions	302744.05	6200.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. American Dental PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1111 14th Street, N.W. Ste 1100		Transaction ID: 70706.C23795
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00000729	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) B. Natl Emergency Medicine PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address P.O. Box 619911		Transaction ID: 70605.C23754
City Dallas State TX Zip Code 75261	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00140061	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. American Health Care Assn PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 1201 L Street NW		Transaction ID: 70509.C23721
City Washington State DC Zip Code 20005	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00006080	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. American Optometric Assn PAC		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 1505 Prince Street, Suite 300		Transaction ID: 70706.C23820
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C C00024968		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Active Ballot Club UFCW PAC		Date of Receipt MM / DD / YYYY 05 / 14 / 2007
Mailing Address 1775 K Street NW		Transaction ID: 70523.C23737
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. C C00002766		Amount of Each Receipt this Period 2500.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 3500.00	

Full Name (Last, First, Middle Initial) C. Natl Comt to Preserve SS & Medic PAC		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 10 G Street NE, Suite 600		Transaction ID: 70628.C23785
City Washington	State DC	Zip Code 20002-4215
FEC ID number of contributing federal political committee. C C00172296		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 82
	<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Orthopaedic PAC

Mailing Address 317 Mass. Avenue NE Suite 100

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **4000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: 70706.C23798

Amount of Each Receipt this Period

1500.00

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

B. Full Name (Last, First, Middle Initial)
Action Comt Rural Electrification PAC

Mailing Address 4301 Wilson Blvd

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2000.00**

Date of Receipt

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

Transaction ID: 70523.C23733

Amount of Each Receipt this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
National Assoc of Realtors PAC

Mailing Address 430 N. Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	7

Transaction ID: 70605.C23746

Amount of Each Receipt this Period

1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Amer Fed of Govt Employ PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 80 F Street, NW		Transaction ID: 70706.C23818	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00009936		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008			

Full Name (Last, First, Middle Initial) B. Laborers Political League		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 905 Sixteenth St., N.W.		Transaction ID: 70605.C23752	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00007922		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Election Cycle-to-Date ▼ 2500.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008			

Full Name (Last, First, Middle Initial) C. Ameri. Podiatric Medical Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2007	
Mailing Address 9312 Old Georgetown Road		Transaction ID: 70605.C23755	
City Bethesda	State MD	Zip Code 20814-1621	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00008839		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
I.B.E.W.- C.O.P.E.

Mailing Address 900 7th St NW

City Washington State DC Zip Code 20001-3886

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 7

Transaction ID: 70706.C23800

Amount of Each Receipt this Period
 2500.00

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

B. Full Name (Last, First, Middle Initial)
Amer. Assoc. of Clinical Urologists PAC

Mailing Address 1111 Plaza Drive, #550

City Schaumburg State IL Zip Code 60173

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Convention 2008

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 7

Transaction ID: 70628.C23772

Amount of Each Receipt this Period
 2500.00

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

C. Full Name (Last, First, Middle Initial)
American Aids PAC

Mailing Address 1224 M Street N.W., Suite 300

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C** C00283101

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Convention 2008

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 70628.C23775

Amount of Each Receipt this Period
 1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. American Veterinary Medical Assoc. PAC		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 1910 Sunderland PI NW		Transaction ID: 70628.C23778
City Washington State DC Zip Code 20036-1608	FEC ID number of contributing federal political committee. C C00114132	Amount of Each Receipt this Period 1000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	1000.00	

Full Name (Last, First, Middle Initial) B. Humane USA PAC		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address P.O. Box 19224		Transaction ID: 70628.C23781
City Washington State DC Zip Code 20036	FEC ID number of contributing federal political committee. C C00350439	Amount of Each Receipt this Period 2500.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	3500.00	

Full Name (Last, First, Middle Initial) C. United Egg Producers PAC		Date of Receipt MM / DD / YYYY 04 / 20 / 2007
Mailing Address 1 Massachusetts Ave., Suite 800		Transaction ID: 70509.C23703
City Washington State DC Zip Code 20001	FEC ID number of contributing federal political committee. C C00172841	Amount of Each Receipt this Period 4000.00
Name of Employer Occupation	Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Election Cycle-to-Date	5000.00	

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. IUPAT Political Action Together		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 1750 New York Avenue, NW		Transaction ID: 70628.C23761	
City State Zip Code Washington DC 20006		Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C C00000885		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) B. Amer Academy of Dermatology Assoc. PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2007	
Mailing Address 1350 I Street, NW Suite 880		Transaction ID: 70530.C23744	
City State Zip Code Washington DC 20005-3319		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00359539		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) C. Sonnenschein PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 1301 K Street NW Suite 600 East To		Transaction ID: 70706.C23821	
City State Zip Code Washington DC 20005		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00216127		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	4750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. American Assoc of Crop Insurers PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 1 Massachusetts Ave Suite 800		Transaction ID: 70509.C23709
City Washington State DC Zip Code 20001		Amount of Each Receipt this Period 4000.00
FEC ID number of contributing federal political committee. C C00172833		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) B. American Assoc of Crop Insurers PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 1 Massachusetts Ave Suite 800		Transaction ID: 70523.C23742
City Washington State DC Zip Code 20001		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00172833		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 6000.00	

Full Name (Last, First, Middle Initial) C. Land OLakes PAC		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 64101		Transaction ID: 70628.C23759
City Saint Paul State MN Zip Code 55164		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00009423		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. American Nurses Assoc PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 8515 Georgia Ave Suite 400		Transaction ID: 70706.C23794
City State Zip Code Silver Spring MD 20910	FEC ID number of contributing federal political committee. C C00017525	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Invitrogen Corp Employees PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2007
Mailing Address 601 13th St NW Suite #580 South		Transaction ID: 70628.C23784
City State Zip Code Washington DC 20005	FEC ID number of contributing federal political committee. C C00404442	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Western Peanut Growers PAC		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2007
Mailing Address PO Box 252		Transaction ID: 70509.C23716
City State Zip Code Seminole TX 79360-0252	FEC ID number of contributing federal political committee. C C00254847	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 82
	<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Western Peanut Growers PAC

Mailing Address PO Box 252

City State Zip Code
Seminole TX 79360-0252

FEC ID number of contributing federal political committee. **C** C00254847

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **6000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	7

Transaction ID: 70509.C23717

Amount of Each Receipt this Period

4000.00

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

B. Full Name (Last, First, Middle Initial)
Rain & Hail Ins Soc PAC

Mailing Address 9200 Northpark Dr Ste 300

City State Zip Code
Johnston IA 50131-3006

FEC ID number of contributing federal political committee. **C** C00279505

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **4000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	7

Transaction ID: 70509.C23704

Amount of Each Receipt this Period

3000.00

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

C. Full Name (Last, First, Middle Initial)
Cargill Inc PAC

Mailing Address PO Box 9300

City State Zip Code
Minneapolis MN 55440-9300

FEC ID number of contributing federal political committee. **C** C00067884

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	7

Transaction ID: 70605.C23753

Amount of Each Receipt this Period

1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
OB-GYNS For Womens Health PAC

Mailing Address PO Box 23498

City State Zip Code
Washington DC 20041-2026

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	4	/	2	0	0	7

Transaction ID: 70628.C23762

Amount of Each Receipt this Period

2500.00

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

B. Full Name (Last, First, Middle Initial)
National Potato Council Potato PAC

Mailing Address 1300 L Street NW Suite 910

City State Zip Code
Washington DC 20005-4107

FEC ID number of contributing federal political committee. **C** C00154104

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	7

Transaction ID: 70530.C23745

Amount of Each Receipt this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
Committee For Advancement of Cotton PAC

Mailing Address P.O. Box 820292

City State Zip Code
Memphis TN 38182

FEC ID number of contributing federal political committee. **C** C00023028

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2000.00**

Date of Receipt

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

Transaction ID: 70523.C23732

Amount of Each Receipt this Period

1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 82
	<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Microsoft Corp PAC

Mailing Address 16011 NE 36th Way

City State Zip Code
Redmond WA 98073-9717

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt

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

Transaction ID: 70509.C23725

Amount of Each Receipt this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
NE Council of Carpenters Union PAC

Mailing Address 427 Stillson Rd

City State Zip Code
Fairfield CT 06824

FEC ID number of contributing federal political committee. **C** C00238865

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Transaction ID: 70523.C23736

Amount of Each Receipt this Period

2500.00

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

C. Full Name (Last, First, Middle Initial)
Texas Produce Assoc PAC

Mailing Address 901 Business Park Dr #500

City State Zip Code
Mission TX 78572

FEC ID number of contributing federal political committee. **C** C00429217

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	7

Transaction ID: 70523.C23738

Amount of Each Receipt this Period

1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 82
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Amer Soc For Ther Rad & Onc.- ASTRO PAC		Date of Receipt MM / DD / YYYY 06 / 11 / 2007
Mailing Address 12500 FairLakes Cir Ste 375		Transaction ID: 70628.C23760
City State Zip Code Fairfax VA 22033-3863	FEC ID number of contributing federal political committee. C C00384602	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Nastional Meat Association, Inc PAC		Date of Receipt MM / DD / YYYY 06 / 18 / 2007
Mailing Address 1970 Broadway Suite 825		Transaction ID: 70628.C23764
City State Zip Code Oakland CA 94612	FEC ID number of contributing federal political committee. C C00301671	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Renal Physicians Assoc PAC		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 1700 Rockville Pike Ste 220		Transaction ID: 70628.C23786
City State Zip Code Rockville MD 20852-1631	FEC ID number of contributing federal political committee. C C00409391	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 82
	(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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Amer Gastro Asso Trade Inc, PAC

Mailing Address 472 Montgomery Lane Suite 430

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C** C00423228

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) Convention 2008

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2007

Transaction ID: 70706.C23792

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
American Psychiatric Assoc PAC

Mailing Address 1000 Wilson Blvd Suite 1825

City State Zip Code
Arlington VA 22209-3901

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) Convention 2008

Election Cycle-to-Date 1000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70706.C23808

Amount of Each Receipt this Period
1000.00

Receipt
 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)	70250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 82	
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c
<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
DCCC

Mailing Address 430 S. Capitol St., S.E.

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **5.76**

Date of Receipt

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

Transaction ID: 70605.C23750

Amount of Each Receipt this Period

5.76

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

Telephone

SUBTOTAL of Receipts This Page (optional)	5.76
TOTAL This Period (last page this line number only)	5.76

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
John Coppola

Mailing Address 10 East Parkway

City State Zip Code
Stratford CT 06614

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

Name of Employer none Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **275.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	3	1	/	2	0	0	7

Transaction ID: 70605.C23749

Amount of Each Receipt this Period

100.00

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

B. Full Name (Last, First, Middle Initial)
Richard Grossi

Mailing Address 1069 Ridge Road

City State Zip Code
Hamden CT 06517

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

Name of Employer none Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **250.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	7

Transaction ID: 70509.C23699

Amount of Each Receipt this Period

250.00

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

C. Full Name (Last, First, Middle Initial)
William Meaux

Mailing Address 10899 Featherfield Ct

City State Zip Code
Fairfax VA 22030

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

Name of Employer Meaux & Washington Group Occupation government relations

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

Transaction ID: 70706.C23824

Amount of Each Receipt this Period

500.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Gerald Fishbone		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 15 Knollwood Drive		Transaction ID: 70523.C23740	
City State Zip Code New Haven CT 06515		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer New Haven Radiology Assn	Occupation Physician		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Marilyn Fishbone		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7	
Mailing Address 15 Knollwood Drive		Transaction ID: 70523.C23741	
City State Zip Code New Haven CT 06515		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer New Haven Jewish Federati-on	Occupation Administrator		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Ruth Lord		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 190 St. Ronan Street		Transaction ID: 70523.C23743	
City State Zip Code New Haven CT 06511		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none	Occupation retired		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 82
	<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
James Comer

Mailing Address P.O. Box 6557

City State Zip Code
Hamden CT 06517

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

Name of Employer Occupation
Yale University School of Medi Psychiatrist

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70628.C23789

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Michael Vlock

Mailing Address 235 Thimble Islands Road

City State Zip Code
Branford CT 06405

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

Name of Employer Occupation
Fox Steel Co. executive

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1250.00**

Date of Receipt
MM / DD / YYYY
05 / 03 / 2007

Transaction ID: 70523.C23727

Amount of Each Receipt this Period
1250.00

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

C. Full Name (Last, First, Middle Initial)
Myrna Baskin

Mailing Address 26 Old Orchard Road

City State Zip Code
North Haven CT 06473

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

Name of Employer Occupation
none Housewife

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **300.00**

Date of Receipt
MM / DD / YYYY
04 / 09 / 2007

Transaction ID: 70412.C23691

Amount of Each Receipt this Period
250.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Anthony Podesta		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 2651 Woodley Road, N.W.		Transaction ID: 70706.C23823
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer Podesta & Associates	Occupation chairman	In-Kind <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 900.00	
Catering		

Full Name (Last, First, Middle Initial) B. Paul Frick		Date of Receipt MM / DD / YYYY 05 / 01 / 2007
Mailing Address 2911 29th Street, NW		Transaction ID: 70509.C23710
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self employed	Occupation public relations	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Carol Berman		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 2801 New Mexico Ave., NW, #817		Transaction ID: 70706.C23804
City Washington	State DC	Zip Code 20007-3910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Zero to Three	Occupation Associate Director	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial) Henry Lord Mailing Address 313 Audubon Court City State Zip Code New Haven CT 06510 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70509.C23713 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	2		2	0	0	7														
500.00																							
Name of Employer self employed Occupation Investor Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008 <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

B. Full Name (Last, First, Middle Initial) Henry Lord Mailing Address 313 Audubon Court City State Zip Code New Haven CT 06510 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70509.C23712 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	7														
500.00																							
Name of Employer self employed Occupation Investor Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008 <table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																					
1000.00																							

C. Full Name (Last, First, Middle Initial) Paula Shemitz Mailing Address 35 Sunbrook Road City State Zip Code Woodbridge CT 06525 FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: 70509.C23718 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		3	0		2	0	0	7														
500.00																							
Name of Employer none Occupation retired Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008 <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Terence Finn

Mailing Address 8744 S Bayview Dr

City State Zip Code
Chestertown MD 21620-4377

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

Name of Employer none Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **300.00**

Date of Receipt

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

Transaction ID: 70509.C23701

Amount of Each Receipt this Period

300.00

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

B. Full Name (Last, First, Middle Initial)
Halley Faust

Mailing Address 5 Timrod Lane

City State Zip Code
W Hartford CT 06107

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

Name of Employer self employed Occupation venture capital

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1250.00**

Date of Receipt

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

Transaction ID: 70509.C23724

Amount of Each Receipt this Period

1250.00

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

C. Full Name (Last, First, Middle Initial)
Patrick Griffin

Mailing Address 1015 33rd Street, NW, #406

City State Zip Code
Washington DC 20007

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

Name of Employer Griffin Williams CPM Occupation President

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: 70706.C23793

Amount of Each Receipt this Period

1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 82 (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)
FRIENDS OF ROSA DELAURO

<p>A. Full Name (Last, First, Middle Initial) Ralph Parson</p> <p>Mailing Address 61 Shore Road</p> <p>City State Zip Code Clinton CT 06413</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer none Occupation retired</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008</p> <p>Election Cycle-to-Date ▼ 300.00</p>	<p>Date of Receipt 04 / 30 / 2007</p> <p>Transaction ID: 70509.C23720</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) George David</p> <p>Mailing Address 62 Westwood Road</p> <p>City State Zip Code W Hartford CT 06117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer United Technologies Occupation CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 200.00</p>	<p>Date of Receipt 05 / 10 / 2007</p> <p>Transaction ID: 70523.C23735</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) George David</p> <p>Mailing Address 62 Westwood Road</p> <p>City State Zip Code W Hartford CT 06117</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer United Technologies Occupation CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008</p> <p>Election Cycle-to-Date ▼ 2500.00</p>	<p>Date of Receipt 05 / 10 / 2007</p> <p>Transaction ID: 70523.C23734</p> <p>Amount of Each Receipt this Period 2300.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	2700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
A. Harris Stone

Mailing Address 701 North Street

City Milford State CT Zip Code 06460

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

Name of Employer self Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 70605.C23748

Amount of Each Receipt this Period
 1250.00

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

B. Full Name (Last, First, Middle Initial)
Jed Isaacs

Mailing Address 2 Wallenberg Drive

City Stamford State CT Zip Code 06903

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

Name of Employer RSM McGladrey Inc. Occupation CPA

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 70412.C23681

Amount of Each Receipt this Period
 2000.00

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

C. Full Name (Last, First, Middle Initial)
Nicholas Ohly

Mailing Address 8 Academy Street

City New Haven State CT Zip Code 06511

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

Name of Employer Kevin Roche John Dinklewod & Occupation architect

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 2 5 / 2 0 0 7

Transaction ID: 70628.C23788

Amount of Each Receipt this Period
 300.00

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

SUBTOTAL of Receipts This Page (optional)	3550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Mary Jane Burt

Mailing Address 70 Gillies Road

City Hamden State CT Zip Code 06517

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

Name of Employer H. Pearce & Company Occupation Realtor

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 3 1 / 2 0 0 7

Transaction ID: 70605.C23747

Amount of Each Receipt this Period
 1250.00

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

B. Full Name (Last, First, Middle Initial)
Ruth Anne Faust

Mailing Address 5 Timrod Lane

City W Hartford State CT Zip Code 06107

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

Name of Employer none Occupation Volunteer

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 7 / 2 0 0 7

Transaction ID: 70523.C23730

Amount of Each Receipt this Period
 1250.00

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

C. Full Name (Last, First, Middle Initial)
Karen Pritzker

Mailing Address 984 Main Street

City Branford State CT Zip Code 06405

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

Name of Employer none Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 0 5 / 0 3 / 2 0 0 7

Transaction ID: 70509.C23722

Amount of Each Receipt this Period
 1250.00

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

SUBTOTAL of Receipts This Page (optional) **3750.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Domenic Ruscio

Mailing Address 316 Pennsylvania Ave, ste 403

City Washington State DC Zip Code 20003

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

Name of Employer CRD Associates Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	7

Transaction ID: 70628.C23777

Amount of Each Receipt this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
Ronald Rosenblith

Mailing Address 1325 Darnell Dr.

City Mc Lean State VA Zip Code 22101

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

Name of Employer self Occupation consultant

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	0	7

Transaction ID: 70509.C23700

Amount of Each Receipt this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)
Nick Cavarocchi

Mailing Address CRD Associates, LLC
316 Pennsylvania Ave, SE Ste 403

City Washington State DC Zip Code 20003

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

Name of Employer CRD Associates Occupation Partner

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	7

Transaction ID: 70628.C23774

Amount of Each Receipt this Period

1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Edwin Knetzger

Mailing Address P.O. Box 5010

City State Zip Code
Monroe CT 06468

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

Name of Employer
Greenwich Capital Markets, Inc

Occupation
CEO

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt
06 / 30 / 2007

Transaction ID: 70706.C23822

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Sam Gejdenson

Mailing Address 84 Johnsons Point Road

City State Zip Code
Branford CT 06405

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

Name of Employer
self-employed

Occupation
Business Consultant

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt
04 / 23 / 2007

Transaction ID: 70509.C23707

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Dale Dirks

Mailing Address 507 Capitol Court NE Suite 200

City State Zip Code
Washington DC 20002

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

Name of Employer
Health & Medi Counsel of Wash

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **500.00**

Date of Receipt
06 / 27 / 2007

Transaction ID: 70628.C23791

Amount of Each Receipt this Period
500.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Irving Smokler

Mailing Address 980 N. Federal Highway Suite 307

City State Zip Code
Boca Raton FL 33432

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

Name of Employer self Occupation Psychologist

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	0	7

Transaction ID: 70628.C23790

Amount of Each Receipt this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)
Paulette Kessler

Mailing Address 2715 Steiner Street

City State Zip Code
San Francisco CA 94123

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

Name of Employer none Occupation Homemaker

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **500.00**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	6	/	2	0	0	7

Transaction ID: 70509.C23695

Amount of Each Receipt this Period

500.00

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

C. Full Name (Last, First, Middle Initial)
Michael Wessel

Mailing Address 6429 Spring Terrace

City State Zip Code
Falls Church VA 22042

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

Name of Employer Downey McGrath Group Occupation Vice-President

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt

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

Transaction ID: 70605.C23751

Amount of Each Receipt this Period

500.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Ann Taylor		Date of Receipt MM / DD / YYYY 04 / 09 / 2007
Mailing Address 7 Clover Lane		Transaction ID: 70412.C23680
City Weatogue	State CT	Zip Code 06089
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CT Childrens Medical Ctr	Occupation attorney	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Jerry Kil		Date of Receipt MM / DD / YYYY 04 / 23 / 2007
Mailing Address 50 Seabury Avenue		Transaction ID: 70509.C23708
City Ledyard	State CT	Zip Code 06339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Farmer	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. Lyle B. Dennis		Date of Receipt MM / DD / YYYY 06 / 25 / 2007
Mailing Address 11515 Noahs Landing Ct		Transaction ID: 70628.C23776
City Manassas	State VA	Zip Code 20112-3580
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer CRD Associates	Occupation Partner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Steven Wolfe

Mailing Address 2601 Rittenhouse St NW

City State Zip Code
Washington DC 20015

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

Name of Employer Occupation
Steven Wolfe Associates, LLC CEO

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70628.C23782

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Sandra Bender Fromson

Mailing Address 1 Gold St Apt 14C

City State Zip Code
Hartford CT 06103-2907

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

Name of Employer Occupation
Univ of Connecticut Lecturer

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
05 / 07 / 2007

Transaction ID: 70509.C23723

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
Robert Glasser

Mailing Address 6605 Bay Tree Ln

City State Zip Code
Falls Church VA 22041-1003

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

Name of Employer Occupation
Software Productivity, Inc attorney

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1500.00**

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70628.C23779

Amount of Each Receipt this Period
1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Brent Jaquet

Mailing Address 3660 Bay Dr

City State Zip Code
Edgewater MD 21037-4143

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

Name of Employer Occupation
CRD Associates associate

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70628.C23773

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Carol Browner

Mailing Address 7003 Westmoreland Ave

City State Zip Code
Takoma Park MD 20912-4405

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

Name of Employer Occupation
The Albright Group Principal

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **2000.00**

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70706.C23825

Amount of Each Receipt this Period
2000.00

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

C. Full Name (Last, First, Middle Initial)
Lawrence Grossman

Mailing Address 1324 34th St NW

City State Zip Code
Washington DC 20007-2801

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

Name of Employer Occupation
The Grossman Group Principal

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70628.C23783

Amount of Each Receipt this Period
1000.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Jesse Fink

Mailing Address 51 Graenest Ridge Rd

City State Zip Code
Wilton CT 06897-2929

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

Name of Employer Occupation
Marshall Street Mgmt President

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **1000.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2007

Transaction ID: 70412.C23692

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Wendy Warring

Mailing Address 23 Philbrick Street

City State Zip Code
Brookline MA 02445

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

Name of Employer Occupation
UMASS Memorial Healthcare VP

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2007

Transaction ID: 70412.C23679

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Robert Carden

Mailing Address P.O. Box 1834

City State Zip Code
Winter Haven FL 33882

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

Name of Employer Occupation
Carden & Associates President

Receipt For: 2008
 Primary General
 Other (specify) **Convention 2008**

Election Cycle-to-Date **500.00**

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2007

Transaction ID: 70509.C23705

Amount of Each Receipt this Period
500.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Ellen Sheets		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 257 Nashoba Rd		Transaction ID: 70509.C23714	
City State Zip Code Concord MA 01742		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation CYTYC Corp Senior VP/Chief Medical Off.			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) B. William Broydrick		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 3334 N. St NW		Transaction ID: 70509.C23715	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Broydrick and Associates consultant			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) C. McLeod, Watkinson & Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address One Massachusetts Ave NW Suite 800		Transaction ID: 70523.C23728	
City State Zip Code Washington DC 20001-1401		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	2050.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 82
	<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Michael McLeod

Mailing Address One Massachusetts Ave NW Suite 800

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation
McLeod, Watkinson, Miller Partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2008 300.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2007

Transaction ID: 70523.C23729

Amount of Each Receipt this Period
300.00

Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
 Partnership->McLeod, Watkinson & Miller

B. Full Name (Last, First, Middle Initial)
Randell Russell

Mailing Address 940 Swinks Mill Rd

City State Zip Code
Mc Lean VA 22102

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

Name of Employer Occupation
Leshner & Russell Partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2008 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2007

Transaction ID: 70628.C23757

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
William Leshner

Mailing Address 1411 N. Nash St

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation
Leshner & Russell Partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2008 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2007

Transaction ID: 70628.C23758

Amount of Each Receipt this Period
500.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 82
	<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Max Sandlin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address P.O. Box 50665		Transaction ID: 70628.C23765	
City State Zip Code Washington DC 20091		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Fleishman Hillard Group	Occupation Co-Chairman		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Todd Slotkin		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 888 Park Ave Apt 12B		Transaction ID: 70628.C23766	
City State Zip Code New York NY 10021		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer IXIS Capitol Markets	Occupation executive		
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008	Election Cycle-to-Date ▼ 2300.00		

Full Name (Last, First, Middle Initial) C. David Bunning		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 825 S. Waukegan Rd AS #175		Transaction ID: 70628.C23768	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Bunning Food Allery Found- ation	Occupation President		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. David Bunning		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 825 S. Waukegan Rd AS #175		Transaction ID: 70628.C23767	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Bunning Food Allery Found- ation Occupation President			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008		Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Michael Bunning		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 261 E. Colonial Dr		Transaction ID: 70628.C23769	
City State Zip Code Vernon Hills IL 60061-3818		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Patient Wolf, LLC Occupation Money Management			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008		Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Denise Bunning		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7	
Mailing Address 825 S. Waukegan Rd A8 #175		Transaction ID: 70628.C23770	
City State Zip Code Lake Forest IL 60045		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Mocha Occupation President			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008		Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional) ▶	6600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Denise Bunning

Mailing Address 825 S. Waukegan Rd A8 #175

City State Zip Code
Lake Forest IL 60045

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

Name of Employer Occupation
Mocha President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2007

Transaction ID: 70628.C23771

Amount of Each Receipt this Period
700.00

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

B. Full Name (Last, First, Middle Initial)
Cristina Krasow

Mailing Address 3803 Benton St

City State Zip Code
Washington DC 20007

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

Name of Employer Occupation
Johnson, Madigan, Peck Lobbyist

Receipt For: 2008
 Primary General
 Other (specify) ▼
Convention 2008

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2007

Transaction ID: 70628.C23787

Amount of Each Receipt this Period
500.00

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

C. Full Name (Last, First, Middle Initial)
Covington & Burling, LLP

Mailing Address 1201 Pennsylvania Ave

City State Zip Code
Washington DC 20004-2401

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼
Convention 2008

Election Cycle-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70706.C23809

Amount of Each Receipt this Period
2000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3200.00**

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Jean Veta		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 1201 Pennsylvania Ave NW		Transaction ID: 70706.C23810
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Covington & Burling	Occupation attorney	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Covington & Burling, LLP
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. John Vine		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 1201 Pennsylvania Ave NW		Transaction ID: 70706.C23811
City Washington	State DC	Zip Code 20004-2401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Covington & Burling	Occupation attorney	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Covington & Burling, LLP
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Alan Vinegrad		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 1201 Pennsylvania Ave NW		Transaction ID: 70706.C23812
City Washington	State DC	Zip Code 20004-2401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Covington & Burling	Occupation attorney	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Covington & Burling, LLP
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Albert Wells		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 1201 Pennsylvania Ave NW		Transaction ID: 70706.C23813
City Washington	State DC	Zip Code 20004-2401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Covington & Burling	Occupation attorney	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Covington & Burling, LLP
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Reeves Westbrook		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 1201 Pennsylvania Ave NW		Transaction ID: 70706.C23814
City Washington	State DC	Zip Code 20004-2410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Covington & Burling	Occupation attorney	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Covington & Burling, LLP
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Thomas Williamson, Jr		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 1201 Pennsylvania Ave NW		Transaction ID: 70706.C23815
City Washington	State DC	Zip Code 20004-2401
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Covington & Burling	Occupation attorney	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Covington & Burling, LLP
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial) Bruce Wilson		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 1201 Pennsylvania Ave NW		Transaction ID: 70706.C23816	
City State Zip Code Washington DC 20004		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Covington & Burling, LLP	
Name of Employer Occupation Covington & Burling attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) Sonya Winner		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 1201 Pennsylvania Ave NW		Transaction ID: 70706.C23817	
City State Zip Code Washington DC 20004-2401		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM] Partnership->Covington & Burling, LLP	
Name of Employer Occupation Covington & Burling attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) Amie Rappoport		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 985 5th Ave #6B		Transaction ID: 70706.C23797	
City State Zip Code New York NY 10021-0142		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Food Allergy Initiative director			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 2300.00	

SUBTOTAL of Receipts This Page (optional)	2300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Andrea LaRue

Mailing Address 6512 Ridae Drive

City State Zip Code
Bethesda MD 20816

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

Name of Employer Occupation
Nueva Vista Group Partner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2008

500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70706.C23799

Amount of Each Receipt this Period
500.00

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

B. Full Name (Last, First, Middle Initial)
Bruce Goldstein

Mailing Address 9402 Woodland Dr

City State Zip Code
Silver Spring MD 20910

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

Name of Employer Occupation
Farmworker Jusitice Fund,- Inc Administrator

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2008

250.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70706.C23801

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
Linda Morgan

Mailing Address 6206 Newburn Drive

City State Zip Code
Bethesda MD 20816-1134

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

Name of Employer Occupation
Covington & Burling attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼
 Convention 2008

500.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2007

Transaction ID: 70706.C23802

Amount of Each Receipt this Period
500.00

Receipt
 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 82
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial) Paul A. Brathwaite		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 13102 Jordan Endeavor Dr		Transaction ID: 70706.C23803	
City State Zip Code Bowie MD 20720		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Podesta Group Occupation Principal			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) Michael Barnes		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 7313 Maple Ave		Transaction ID: 70706.C23805	
City State Zip Code Chevy Chase MD 20815		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Covington & Burling Occupation attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 1000.00	

C. Full Name (Last, First, Middle Initial) Sarah Roller		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 7	
Mailing Address 4015 41st Street N		Transaction ID: 70706.C23806	
City State Zip Code Arlington VA 22207		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Covington & Burling Occupation attorney			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2008		Election Cycle-to-Date 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 82
	(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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Joan Pollitt

Mailing Address 590 17th Ave S

City State Zip Code
Naples FL 34102

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

Name of Employer none Occupation retired

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Convention 2008

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: 70706.C23807

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
John Hannan

Mailing Address 9 West 57th St

City State Zip Code
New York NY 10019

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

Name of Employer Apollo Investment Occupation Chairman & CEO

Receipt For: 2008
 Primary General
 Other (specify) ▼
 Convention 2008

Election Cycle-to-Date ▼
2300.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2007

Transaction ID: 70706.C23819

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	3300.00
TOTAL This Period (last page this line number only)	▶	67500.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Fraioli & Associates		Transaction ID: 70509.E8259 Date of Disbursement 04 / 11 / 2007
Mailing Address 80 F St NW Ste 804		Amount of Each Disbursement this Period 87.24
City Washington State DC Zip Code 20001-1528	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement POSTAGE	Category/ Type	POSTAGE
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Cathy Weber		Transaction ID: 70628.E8340 Date of Disbursement 06 / 11 / 2007
Mailing Address 50 Daisy Street		Amount of Each Disbursement this Period 142.59
City New Haven State CT Zip Code 06511-1048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PETTY CASH	Category/ Type	PETTY CASH
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Myers Flower Shops		Transaction ID: 70509.E8285 Date of Disbursement 04 / 17 / 2007
Mailing Address 1008 Main Street		Amount of Each Disbursement this Period 301.80
City Branford State CT Zip Code 06405-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS	Category/ Type	FLOWERS
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	531.63
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 49 / 82

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. D.C. Treasurer		Transaction ID: 70509.E8276 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address Office of Tax & Revenue Services 941 N. Capitol Street, NE		Amount of Each Disbursement this Period 344.47
City Washington State DC Zip Code 20002-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement D.C WITHHOLDING TAX	Candidate Name	D.C WITHHOLDING TAX
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) ▼	

Full Name (Last, First, Middle Initial) B. Columbia Florist		Transaction ID: 70628.E8351 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 534 23rd St NW		Amount of Each Disbursement this Period 58.16
City Washington State DC Zip Code 20037-2824	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS	Candidate Name	FLOWERS
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) ▼	

Full Name (Last, First, Middle Initial) C. Yasmine Zamani		Transaction ID: 70509.E8270 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 1300 N St NW Apt 607		Amount of Each Disbursement this Period 1689.34
City Washington State DC Zip Code 20005-3692	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL	Candidate Name	PAYROLL
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) ▶	2091.97
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Yasmine Zamani		Transaction ID: 70523.E8310 Date of Disbursement 06 / 01 / 2007	
Mailing Address 1300 N St NW Apt 607		Amount of Each Disbursement this Period 1689.34	
City Washington State DC Zip Code 20005-3692	Purpose of Disbursement PAYROLL	<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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) B. Myers Flower Shops		Transaction ID: 70628.E8366 Date of Disbursement 06 / 20 / 2007	
Mailing Address 1008 Main Street		Amount of Each Disbursement this Period 429.77	
City Branford State CT Zip Code 06405-	Purpose of Disbursement FLOWERS	<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) ▼	FLOWERS	

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: 70706.E8378 Date of Disbursement 06 / 29 / 2007	
Mailing Address P.O. Box 1270		Amount of Each Disbursement this Period 841.49	
City Newark State NJ Zip Code 07101-	Purpose of Disbursement CREDIT CARD: SEE BELOW	<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) ▼	CREDIT CARD: SEE BELOW	

SUBTOTAL of Disbursements This Page (optional) ▶	2960.60
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Lebanese Taverna		Transaction ID: 70706.E8379 Date of Disbursement 06 / 29 / 2007
Mailing Address 1101 South Joyce St		Amount of Each Disbursement this Period 304.49
City Arlington State VA Zip Code 22205-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	[MEMO ITEM] MEMO: CATERING
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) ▼	

Full Name (Last, First, Middle Initial) B. Monocle On Capital		Transaction ID: 70706.E8380 Date of Disbursement 06 / 29 / 2007
Mailing Address 107 D Street NE		Amount of Each Disbursement this Period 537.00
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	[MEMO ITEM] MEMO: CATERING
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) ▼	

Full Name (Last, First, Middle Initial) C. McLeod, Watkinson & Miller		Transaction ID: 70509.E8306 Date of Disbursement 04 / 24 / 2007
Mailing Address One Massachusetts Ave NW Suite 800		Amount of Each Disbursement this Period 514.34
City Washington State DC Zip Code 20001-1401	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	CATERING
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) ▶	514.34
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Cathy Weber		Transaction ID: 70509.E8279 Date of Disbursement 04 / 17 / 2007	
Mailing Address 50 Daisy Street		Amount of Each Disbursement this Period 157.11	
City New Haven State CT Zip Code 06511-1048	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	OFFICE SUPPLIES	

Full Name (Last, First, Middle Initial) B. Cathy Weber		Transaction ID: 70628.E8364 Date of Disbursement 06 / 20 / 2007	
Mailing Address 50 Daisy Street		Amount of Each Disbursement this Period 161.47	
City New Haven State CT Zip Code 06511-1048	Purpose of Disbursement PETTY CASH	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	PETTY CASH	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 70605.E8328 Date of Disbursement 06 / 01 / 2007	
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 233.95	
City Baltimore State MD Zip Code 21297-0513	Purpose of Disbursement TELEPHONE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	TELEPHONE	

SUBTOTAL of Disbursements This Page (optional) ▶	552.53
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 53 / 82

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Cathy Weber		Transaction ID: 70509.E8255 Date of Disbursement 04 / 10 / 2007	
Mailing Address 50 Daisy Street		Amount of Each Disbursement this Period 561.09	
City New Haven State CT Zip Code 06511-1048	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) B. Phoenix Park Hotel		Transaction ID: 70628.E8376 Date of Disbursement 06 / 06 / 2007	
Mailing Address 520 N Capitol St NW		Amount of Each Disbursement this Period 1267.08	
City Washington State DC Zip Code 20001-1510	Purpose of Disbursement CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	CATERING	

Full Name (Last, First, Middle Initial) C. Carefirst BlueCross BlueShield		Transaction ID: 70509.E8271 Date of Disbursement 04 / 16 / 2007	
Mailing Address 550 12th Street, S.W.		Amount of Each Disbursement this Period -165.00	
City Washington State DC Zip Code 20065-	Purpose of Disbursement VOIDED CHECK	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	VOIDED CHECK	

SUBTOTAL of Disbursements This Page (optional) ▶	1663.17
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Staples		Transaction ID: 70605.E8339 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address 80 Boston Post Road		Amount of Each Disbursement this Period 7.34
City Orange State CT Zip Code 06477-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
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) ▼	

Full Name (Last, First, Middle Initial) B. Yasmine Zamani		Transaction ID: 70605.E8330 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 1300 N St NW Apt 607		Amount of Each Disbursement this Period 127.91
City Washington State DC Zip Code 20005-3692	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL	Candidate Name	TRAVEL
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) ▼	

Full Name (Last, First, Middle Initial) C. Anthony Podesta		Transaction ID: 70706.C23823IK Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 2651 Woodley Road, N.W.		Amount of Each Disbursement this Period 900.00
City Washington State DC Zip Code 20008-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING	Candidate Name	IN KIND: CATERING
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) ▶	1035.25
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

FOR LINE NUMBER:
(check only one)

PAGE 55 / 82

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: 70605.E8327 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address P.O. Box 17464		Amount of Each Disbursement this Period 109.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Baltimore State MD Zip Code 21297-1464	Category/Type TELEPHONE	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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) ▼	

Full Name (Last, First, Middle Initial) B. D.C. Treasurer		Transaction ID: 70605.E8326 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address Office of Tax & Revenue Services 941 N. Capitol Street, NE		Amount of Each Disbursement this Period 344.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20002-	Category/Type D.C. WITHHOLDING TAX	
Purpose of Disbursement D.C. WITHHOLDING TAX	Candidate Name	D.C. WITHHOLDING TAX
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) ▼	

Full Name (Last, First, Middle Initial) C. Redstone Federal Credit Union		Transaction ID: 70709.E8386 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address 220 Wynn Road		Amount of Each Disbursement this Period 502.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Huntsville State AL Zip Code 35893-	Category/Type CREDIT CARD: SEE BELOW:	
Purpose of Disbursement CREDIT CARD: SEE BELOW:	Candidate Name	CREDIT CARD: SEE BELOW:
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) ▶	956.78
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Haute on the Hill		Transaction ID: 70709.E8387 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 7
Mailing Address U. S. House of Representatives Rayburn House Office Bldg. B-339B		Amount of Each Disbursement this Period 502.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20515-	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) ▼	[MEMO ITEM] MEMO: CATERING

Full Name (Last, First, Middle Initial) B. AT&T		Transaction ID: 70628.E8350 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO Box 8110		Amount of Each Disbursement this Period 200.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Aurora State IL Zip Code 60507-8110	Purpose of Disbursement TELEPHONE 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) ▼	TELEPHONE

Full Name (Last, First, Middle Initial) C. Mastercard		Transaction ID: 70605.E8334 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 224 Dixwell Ave		Amount of Each Disbursement this Period 36.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-3416	Purpose of Disbursement CREDIT CARD: SEE BELOW IF D 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) ▼	CREDIT CARD: SEE BELOW IF D

SUBTOTAL of Disbursements This Page (optional) ▶	237.17
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 Detailed Summary Page

FOR LINE NUMBER: (check only one)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Costco		Transaction ID: 70605.E8335 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 1718 Boston Post Road		Amount of Each Disbursement this Period 36.77
City Milford State CT Zip Code 06460-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type	[MEMO ITEM] MEMO: OFFICE SUPPLIES
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) ▼	

Full Name (Last, First, Middle Initial) B. Cathy Weber		Transaction ID: 70628.E8345 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 7
Mailing Address 50 Daisy Street		Amount of Each Disbursement this Period 608.81
City New Haven State CT Zip Code 06511-1048	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL Candidate Name	Category/Type	PAYROLL
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) ▼	

Full Name (Last, First, Middle Initial) C. Fraioli & Associates		Transaction ID: 70509.E8258 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 80 F St NW Ste 804		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20001-1528	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING FEE Candidate Name	Category/Type	FUNDRAISING FEE
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) ▶	3608.81
TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Myers Flower Shops		Transaction ID: 70605.E8323 Date of Disbursement 05 / 16 / 2007
Mailing Address 1008 Main Street		Amount of Each Disbursement this Period 239.94
City Branford State CT Zip Code 06405-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FLOWERS Candidate Name	Category/Type	FLOWERS
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) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: 70628.E8362 Date of Disbursement 06 / 19 / 2007
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 27.68
City New Haven State CT Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL UNEMPLOYMENT TAX Candidate Name	Category/Type	FEDERAL UNEMPLOYMENT TAX
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) ▼	

Full Name (Last, First, Middle Initial) C. Perkins Coie		Transaction ID: 70605.E8329 Date of Disbursement 06 / 01 / 2007
Mailing Address 607 Fourteenth Street, NW		Amount of Each Disbursement this Period 132.50
City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement LEGAL FEES Candidate Name	Category/Type	LEGAL FEES
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) ▶	400.12
TOTAL This Period (last page this line number only) ▶	_____

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: 70509.E8268 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address Brewery Street		Amount of Each Disbursement this Period 234.00
City New Haven	State Zip Code CT 06511-	
Purpose of Disbursement POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) B. U.S. Postmaster		Transaction ID: 70509.E8289 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 7
Mailing Address Brewery Street		Amount of Each Disbursement this Period 78.00
City New Haven	State Zip Code CT 06511-	
Purpose of Disbursement POSTAGE		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) C. Commissioner of Revenue Services		Transaction ID: 70628.E8348 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 105.61
City Hartford	State Zip Code CT 06104-2931	
Purpose of Disbursement CT WITHHOLDING TAX		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) ▼	CT WITHHOLDING TAX
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	417.61
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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(check only one)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Avenet, LLC		Transaction ID: 70605.E8337 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7
Mailing Address 1380 Energy Lane, #206		Amount of Each Disbursement this Period 25.00
City Saint Paul State MN Zip Code 55108-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement WEBSITE SERVICE CHARGES		WEBSITE SERVICE CHARGES
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) ▼	

Full Name (Last, First, Middle Initial) B. Yasmine Zamani		Transaction ID: 70509.E8266 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 1300 N St NW Apt 607		Amount of Each Disbursement this Period 1405.89
City Washington State DC Zip Code 20005-3692	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL		PAYROLL
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) ▼	

Full Name (Last, First, Middle Initial) C. Charles Swirsky		Transaction ID: 70509.E8269 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 229 Wooster Street Apt 2L		Amount of Each Disbursement this Period 773.05
City New Haven State CT Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement PAYROLL		PAYROLL
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	2203.94
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Yasmine Zamani		Transaction ID: 70523.E8309 Date of Disbursement 05 / 16 / 2007	
Mailing Address 1300 N St NW Apt 607		Amount of Each Disbursement this Period 1405.89	
City Washington State DC Zip Code 20005-3692	Purpose of Disbursement PAYROLL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	PAYROLL	

Full Name (Last, First, Middle Initial) B. Technical Solution Group, LLC		Transaction ID: 70628.E8360 Date of Disbursement 06 / 19 / 2007	
Mailing Address P.O. Box 3353		Amount of Each Disbursement this Period 236.14	
City Milford State CT Zip Code 06460-	Purpose of Disbursement COMPUTER REPAIR	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	COMPUTER REPAIR	

Full Name (Last, First, Middle Initial) C. Schneiders of Capitol Hill		Transaction ID: 70628.E8355 Date of Disbursement 06 / 19 / 2007	
Mailing Address 300 Massachusetts Ave, NE		Amount of Each Disbursement this Period 111.07	
City Washington State DC Zip Code 20002-	Purpose of Disbursement GIFTS TO SUPPORTERS	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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) ▼	GIFTS TO SUPPORTERS	

SUBTOTAL of Disbursements This Page (optional) ▶	1753.10
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. The Hartford		Transaction ID: 70509.E8287 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address P.O. Box 2907		Amount of Each Disbursement this Period 140.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06104-2907	Category/Type <input type="checkbox"/>	
Purpose of Disbursement INSURANCE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	INSURANCE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) B. Avenet, LLC		Transaction ID: 70605.E8314 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 1380 Energy Lane, #206		Amount of Each Disbursement this Period 1080.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Saint Paul State MN Zip Code 55108-	Category/Type <input type="checkbox"/>	
Purpose of Disbursement WEBSITE MAINTENANCE	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	WEBSITE MAINTENANCE
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

Full Name (Last, First, Middle Initial) C. Commissioner of Revenue Services		Transaction ID: 70605.E8325 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 181.87 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06104-2931	Category/Type <input type="checkbox"/>	
Purpose of Disbursement CT WITHHOLDING TAX	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CT WITHHOLDING TAX
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶	1402.53
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

FOR LINE NUMBER:
(check only one)

<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)
FRIENDS OF ROSA DELAURO

<p>A. Columbia Florist</p> <p>Full Name (Last, First, Middle Initial) Columbia Florist</p> <p>Mailing Address 534 23rd St NW</p> <p>City Washington State DC Zip Code 20037-2824</p> <p>Purpose of Disbursement FLOWERS</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: 70509.E8257</p> <p>Date of Disbursement 04 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 137.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FLOWERS</p>
<p>B. Citizens Bank</p> <p>Full Name (Last, First, Middle Initial) Citizens Bank</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement FEDERAL WITHHOLDING TAX</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: 70605.E8324</p> <p>Date of Disbursement 05 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 2245.05</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>FEDERAL WITHHOLDING TAX</p>
<p>C. Gaylord Bourne</p> <p>Full Name (Last, First, Middle Initial) Gaylord Bourne</p> <p>Mailing Address 25 Roydon Road</p> <p>City New Haven State CT Zip Code 06511-2806</p> <p>Purpose of Disbursement ACCOUNTING SERVICES</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: 70509.E8297</p> <p>Date of Disbursement 04 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 615.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>ACCOUNTING SERVICES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2997.53

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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Fraioli & Associates		Transaction ID: 70509.E8262 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 7
Mailing Address 80 F St NW Ste 804		Amount of Each Disbursement this Period 185.78 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001-1528	Category/Type []	
Purpose of Disbursement COPYING	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COPYING
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type []	

Full Name (Last, First, Middle Initial) B. Charles Swirsky		Transaction ID: 70509.E8300 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 229 Wooster Street Apt 2L		Amount of Each Disbursement this Period 146.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-	Category/Type []	
Purpose of Disbursement TRAVEL	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TRAVEL
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type []	

Full Name (Last, First, Middle Initial) C. Charles Swirsky		Transaction ID: 70605.E8336 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 229 Wooster Street Apt 2L		Amount of Each Disbursement this Period 173.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-	Category/Type []	
Purpose of Disbursement PAYROLL	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type []	

SUBTOTAL of Disbursements This Page (optional) ▶	506.12
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

FOR LINE NUMBER:
(check only one)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Sodexho, Inc		Transaction ID: 70628.E8369 Date of Disbursement 06 / 22 / 2007
Mailing Address P.O. Box 536922		Amount of Each Disbursement this Period 265.65 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Atlanta State GA Zip Code 30353-6922	Purpose of Disbursement CATERING Candidate Name Category/Type	
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) ▼	CATERING

Full Name (Last, First, Middle Initial) B. Charles Swirsky		Transaction ID: 70402.E8209 Date of Disbursement 04 / 01 / 2007
Mailing Address 229 Wooster Street Apt 2L		Amount of Each Disbursement this Period 1249.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-	Purpose of Disbursement PAYROLL Candidate Name Category/Type	
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) ▼	PAYROLL

Full Name (Last, First, Middle Initial) C. Yasmine Zamani		Transaction ID: 70628.E8343 Date of Disbursement 06 / 16 / 2007
Mailing Address 1300 N St NW Apt 607		Amount of Each Disbursement this Period 1405.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20005-3692	Purpose of Disbursement PAYROLL Candidate Name Category/Type	
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) ▼	PAYROLL

SUBTOTAL of Disbursements This Page (optional) ▶	2920.81
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Twelve Trumbull Street Corp		Transaction ID: 70509.E8293 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 12 Trumbull St 1st Fl		Amount of Each Disbursement this Period 562.50
City New Haven State CT Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement RENT Candidate Name	Category/Type	RENT
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) ▼	

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: 70509.E8277 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 140.32
City New Haven State CT Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL WITHHOLDING TAX Candidate Name	Category/Type	FEDERAL WITHHOLDING TAX
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) ▼	

Full Name (Last, First, Middle Initial) C. Washington Court Hotel		Transaction ID: 70509.E8288 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 525 New Jersey Ave NW		Amount of Each Disbursement this Period 2354.24
City Washington State DC Zip Code 20001-2019	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CATERING Candidate Name	Category/Type	CATERING
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) ▶	3057.06
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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 82

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Avenet, LLC		Transaction ID: 70523.E8312 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 1380 Energy Lane, #206		Amount of Each Disbursement this Period 137.50	
City Saint Paul State MN Zip Code 55108-	Purpose of Disbursement WEBSITE S/C	<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) ▼	WEBSITE S/C	

Full Name (Last, First, Middle Initial) B. North Haven Sons & Daughters of Italy		Transaction ID: 70509.E8282 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address P.O. Box 193		Amount of Each Disbursement this Period 250.00	
City North Haven State CT Zip Code 06473-	Purpose of Disbursement AD	<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) ▼	AD	

Full Name (Last, First, Middle Initial) C. Charles Swirsky		Transaction ID: 70509.E8294 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 229 Wooster Street Apt 2L		Amount of Each Disbursement this Period 219.39	
City New Haven State CT Zip Code 06511-	Purpose of Disbursement PAYROLL	<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) ▼	PAYROLL	

SUBTOTAL of Disbursements This Page (optional) ▶	606.89
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

FOR LINE NUMBER:
(check only one)

<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)
FRIENDS OF ROSA DELAURO

<p>A. Cathy Weber</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 50 Daisy Street</p> <p>City New Haven State CT Zip Code 06511-1048</p> <p>Purpose of Disbursement PAYROLL</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: 70605.E8331</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="2007"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="577.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>PAYROLL</p>
<p>B. Twelve Trumbull Street Corp</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 12 Trumbull St 1st Fl</p> <p>City New Haven State CT Zip Code 06511-</p> <p>Purpose of Disbursement RENT</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: 70605.E8332</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="01"/> / <input type="text" value="2007"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="562.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>RENT</p>
<p>C. Citizens Bank</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 209 Church Street</p> <p>City New Haven State CT Zip Code 06511-</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: 70628.E8346</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="15"/> / <input type="text" value="2007"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="0.25"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SERVICE CHARGE</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1140.00

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)

PAGE 69 / 82

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Greater NH NAACP		Transaction ID: 70523.E8313 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 192 Dixwell Avenue		Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-	Purpose of Disbursement TICKETS & AD 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) ▼	TICKETS & AD

Full Name (Last, First, Middle Initial) B. The Hartford		Transaction ID: 70628.E8361 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 2907		Amount of Each Disbursement this Period 131.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06104-2907	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) ▼	INSURANCE

Full Name (Last, First, Middle Initial) C. Citizens Bank		Transaction ID: 70628.E8347 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 2065.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-	Purpose of Disbursement FEDERAL WITHHOLDING TAX 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) ▼	FEDERAL WITHHOLDING TAX

SUBTOTAL of Disbursements This Page (optional) ▶	2596.63
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)

<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)
FRIENDS OF ROSA DELAURO

A. Cathy Weber Full Name (Last, First, Middle Initial) Mailing Address 50 Daisy Street City New Haven State CT Zip Code 06511-1048 Purpose of Disbursement PAYROLL 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: 70509.E8292 Date of Disbursement 05 / 01 / 2007 Amount of Each Disbursement this Period 888.23 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
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B. United Parcel Service Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 7247-0244 City Philadelphia State PA Zip Code 19170-0001 Purpose of Disbursement DELIVERY 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: 70706.E8383 Date of Disbursement 06 / 29 / 2007 Amount of Each Disbursement this Period 82.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 DELIVERY
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C. Yasmine Zamani Full Name (Last, First, Middle Initial) Mailing Address 1300 N St NW Apt 607 City Washington State DC Zip Code 20005-3692 Purpose of Disbursement PAYROLL 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: 70322.E8207 Date of Disbursement 04 / 01 / 2007 Amount of Each Disbursement this Period 1689.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL
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SUBTOTAL of Disbursements This Page (optional) ▶	2660.38
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 Page

FOR LINE NUMBER:
(check only one)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Yasmine Zamani		Transaction ID: 70509.E8303 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 1300 N St NW Apt 607		Amount of Each Disbursement this Period 115.03	
City Washington State DC Zip Code 20005-3692	Purpose of Disbursement OFFICE SUPPLIES	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	OFFICE SUPPLIES	
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) ▼		

Full Name (Last, First, Middle Initial) B. Phoenix Park Hotel		Transaction ID: 70706.E8385 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7	
Mailing Address 520 N Capitol St NW		Amount of Each Disbursement this Period 1293.48	
City Washington State DC Zip Code 20001-1510	Purpose of Disbursement CATERING	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	CATERING	
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) ▼		

Full Name (Last, First, Middle Initial) C. The Hartford		Transaction ID: 70605.E8322 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7	
Mailing Address P.O. Box 2907		Amount of Each Disbursement this Period 117.74	
City Hartford State CT Zip Code 06104-2907	Purpose of Disbursement INSURANCE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type	INSURANCE	
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) ▶	1526.25
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Commissioner of Revenue Services		Transaction ID: 70509.E8275 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address PO Box 2931		Amount of Each Disbursement this Period 212.46 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06104-2931	Category/Type	
Purpose of Disbursement CT WITHHOLDING TAX		CT WITHHOLDING TAX
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) ▼	

Full Name (Last, First, Middle Initial) B. Fraioli & Associates		Transaction ID: 70628.E8353 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 80 F St NW Ste 804		Amount of Each Disbursement this Period 9.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20001-1528	Category/Type	
Purpose of Disbursement POSTAGE		POSTAGE
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) ▼	

Full Name (Last, First, Middle Initial) C. Cathy Weber		Transaction ID: 70509.E8273 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 50 Daisy Street		Amount of Each Disbursement this Period 542.62 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-1048	Category/Type	
Purpose of Disbursement PAYROLL		PAYROLL
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	764.74
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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 82

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. U.S. Postmaster		Transaction ID: 70523.E8311 Date of Disbursement
Mailing Address Brewery Street		<input type="text" value="05"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City New Haven	State CT	Zip Code 06511-
Purpose of Disbursement POSTAGE	<input type="text" value="78.00"/>	Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 70509.E8265 Date of Disbursement
Mailing Address P.O. Box 17464		<input type="text" value="04"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Baltimore	State MD	Zip Code 21297-1464
Purpose of Disbursement TELEPHONE	<input type="text" value="80.00"/>	Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) C. D.C. Treasurer		Transaction ID: 70628.E8349 Date of Disbursement
Mailing Address Office of Tax & Revenue Services 941 N. Capitol Street, NE		<input type="text" value="06"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Washington	State DC	Zip Code 20002-
Purpose of Disbursement D.C. WITHHOLDING TAX	<input type="text" value="344.47"/>	Amount of Each Disbursement this Period
Candidate Name	<input type="text"/>	<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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	D.C. WITHHOLDING TAX
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="502.47"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Fraioli & Associates		Transaction ID: 70628.E8352 Date of Disbursement 06 / 19 / 2007
Mailing Address 80 F St NW Ste 804		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20001-1528	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING FEE Candidate Name	Category/Type	FUNDRAISING FEE
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) ▼	

Full Name (Last, First, Middle Initial) B. Fraioli & Associates		Transaction ID: 70605.E8319 Date of Disbursement 05 / 16 / 2007
Mailing Address 80 F St NW Ste 804		Amount of Each Disbursement this Period 3000.00
City Washington State DC Zip Code 20001-1528	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FUNDRAISING FEE Candidate Name	Category/Type	FUNDRAISING FEE
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) ▼	

Full Name (Last, First, Middle Initial) C. United Parcel Service		Transaction ID: 70605.E8333 Date of Disbursement 05 / 30 / 2007
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 63.54
City Philadelphia State PA Zip Code 19170-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELIVERY Candidate Name	Category/Type	DELIVERY
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) ▶	6063.54
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 70509.E8278 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address PO Box 8110		Amount of Each Disbursement this Period 313.26
City Aurora State IL Zip Code 60507-8110	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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) ▼	

Full Name (Last, First, Middle Initial) B. AMTRAK		Transaction ID: 70605.E8338 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7
Mailing Address State Street		Amount of Each Disbursement this Period 278.00
City New Haven State CT Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TRAVEL	Candidate Name	TRAVEL
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) ▼	

Full Name (Last, First, Middle Initial) C. Yasmine Zamani		Transaction ID: 70509.E8305 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address 1300 N St NW Apt 607		Amount of Each Disbursement this Period 15.50
City Washington State DC Zip Code 20005-3692	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	OFFICE SUPPLIES
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) ▶	606.76
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:
(check only one)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Citizens Bank		Transaction ID: 70509.E8254 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 7
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 17.00
City New Haven State CT Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement BANK FEE	Candidate Name	Category/ Type
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) ▼	BANK FEE

Full Name (Last, First, Middle Initial) B. Citizens Bank		Transaction ID: 70509.E8274 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 209 Church Street		Amount of Each Disbursement this Period 2639.05
City New Haven State CT Zip Code 06511-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement FEDERAL WITHHOLDING TAX	Candidate Name	Category/ Type
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) ▼	FEDERAL WITHHOLDING TAX

Full Name (Last, First, Middle Initial) C. United Parcel Service		Transaction ID: 70509.E8307 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 152.24
City Philadelphia State PA Zip Code 19170-0001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DELIVERY	Candidate Name	Category/ Type
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) ▼	DELIVERY

SUBTOTAL of Disbursements This Page (optional) ▶	2808.29
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

FOR LINE NUMBER: (check only one)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: 70605.E8318 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 8110		Amount of Each Disbursement this Period 160.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Aurora State IL Zip Code 60507-8110	Category/Type TELEPHONE	
Purpose of Disbursement TELEPHONE 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) ▼

Full Name (Last, First, Middle Initial) B. United Parcel Service		Transaction ID: 70628.E8368 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 7247-0244		Amount of Each Disbursement this Period 118.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Philadelphia State PA Zip Code 19170-0001	Category/Type DELIVERY	
Purpose of Disbursement DELIVERY 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) ▼

Full Name (Last, First, Middle Initial) C. Mastercard		Transaction ID: 70509.E8283 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address 224 Dixwell Ave		Amount of Each Disbursement this Period 119.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-3416	Category/Type CREDIT CARD:SEE BELOW; IF D	
Purpose of Disbursement CREDIT CARD:SEE BELOW; IF D 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	397.83
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)

<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)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. DCDOES		Transaction ID: 70509.E8295 Date of Disbursement 04 / 24 / 2007
Mailing Address P.O. Box 96664		Amount of Each Disbursement this Period 360.00
City Washington State DC Zip Code 20090-6664	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement DC UNEMPLOYMENT TAX	Candidate Name	DC UNEMPLOYMENT TAX
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) ▼	

Full Name (Last, First, Middle Initial) B. MGB Property Services		Transaction ID: 70509.E8253 Date of Disbursement 04 / 02 / 2007
Mailing Address 85 LedgeWood Dr		Amount of Each Disbursement this Period 500.00
City North Branford State CT Zip Code 06471-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CAMPAIGN OFFICES MOVING SERVICES	Candidate Name	CAMPAIGN OFFICES MOVING SERVICES
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) ▼	

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: 70509.E8308 Date of Disbursement 04 / 24 / 2007
Mailing Address P.O. Box 17577		Amount of Each Disbursement this Period 223.95
City Baltimore State MD Zip Code 21297-0513	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement TELEPHONE	Candidate Name	TELEPHONE
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) ▶	1083.95
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)

<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)
FRIENDS OF ROSA DELAURO

A. Full Name (Last, First, Middle Initial)
Fraioli & Associates

Mailing Address 80 F St NW Ste 804

City Washington State DC Zip Code 20001-1528

Purpose of Disbursement POSTAGE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70605.E8320

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

POSTAGE

B. Full Name (Last, First, Middle Initial)
Cathy Weber

Mailing Address 50 Daisy Street

City New Haven State CT Zip Code 06511-1048

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 70605.E8317

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL

SUBTOTAL of Disbursements This Page (optional)

542.39

TOTAL This Period (last page this line number only)

5111.19

**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)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Carney For Congress		Transaction ID: 70628.E8341 Date of Disbursement 06 / 11 / 2007
Mailing Address 427 Melrose Ave		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Clarks Summit	State PA	
Zip Code 18411-1443		
Purpose of Disbursement CONTRIBUTION Candidate Name CHRISTOPHER CARNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DCCC		Transaction ID: 70628.E8371 Date of Disbursement 06 / 27 / 2007
Mailing Address 430 S. Capitol St., S.E.		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20003-		
Purpose of Disbursement EXCESS CAMPAIGN FUNDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008		

Full Name (Last, First, Middle Initial) C. DCCC		Transaction ID: 70605.E8315 Date of Disbursement 05 / 30 / 2007
Mailing Address 430 S. Capitol St., S.E.		Amount of Each Disbursement this Period 25000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington	State DC	
Zip Code 20003-		
Purpose of Disbursement EXCESS CAMPAIGN FUNDS Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention 2008		

SUBTOTAL of Disbursements This Page (optional) ▶	51000.00
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)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Democratic State Central Committee		Transaction ID: 70509.E8267 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 7
Mailing Address 179 Allyn Street Suite 301		Amount of Each Disbursement this Period 3500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06103-		
Purpose of Disbursement 2 contribution	Category/ Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other	

Full Name (Last, First, Middle Initial) B. LaRocco for Senate		Transaction ID: 70628.E8365 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 1187		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Boise State ID Zip Code 83701-1187		
Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name LARRY LAROCCO		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ID District: 00		

Full Name (Last, First, Middle Initial) C. Tim Mahoney for Florida		Transaction ID: 70628.E8372 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 4114 Northlake Blvd Ste 300		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Palm Beach Gardens State FL Zip Code 33410-6281		
Purpose of Disbursement CONTRIBUTION	Category/ Type	
Candidate Name TIM MAHONEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 16		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

Full Name (Last, First, Middle Initial) A. Swett for Senate		Transaction ID: 70628.E8358 Date of Disbursement 06 / 19 / 2007
Mailing Address P.O. Box 1937		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bow State NH Zip Code 03304-	<input type="checkbox"/>	
Purpose of Disbursement CONTRIBUTION Candidate Name KATRINA SWETT	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Swett for Senate		Transaction ID: 70628.E8359 Date of Disbursement 06 / 19 / 2007
Mailing Address P.O. Box 1937		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bow State NH Zip Code 03304-	<input type="checkbox"/>	
Purpose of Disbursement CONTRIBUTION Candidate Name KATRINA SWETT	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wynn for Congress		Transaction ID: 70628.E8373 Date of Disbursement 06 / 27 / 2007
Mailing Address P.O. Box 39139		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20016-	<input type="checkbox"/>	
Purpose of Disbursement CONTRIBUTION Candidate Name ALBERT R WYNN	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input 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) ▶	61500.00