

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

03 SEP 15 AM 11:36

Office Use Only

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

Friends of Joe Lieberman

ADDRESS (number and street) PO Box 231294

Check if different than previously reported. (ACC) Hartford CT 06123

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT

C00235515

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

CT

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE)

- (b) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

- (c) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 04 01 2003 through 06 30 2003

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Laura A. Cahill, Deputy Treasurer

Signature of Treasurer [Handwritten Signature] Date 09 08 2003

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Joe Lieberman

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 4 0 1 2 0 0 3 0 6 3 0 2 0 0 3

	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(a))...	883.00	728464.22
(b) Total Contribution Refunds (from Line 20(d))...	0.00	590.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	883.00	727874.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)...	13963.33	1813889.87
(b) Total Offsets to Operating Expenditures (from Line 14)...	1972.30	7296.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	11991.03	1806593.33
8. Cash on Hand at Close of Reporting Period (from Line 27)...	369638.07	
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 800-424-8530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Friends of Joe Lieberman

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
0 4 0 1 2 0 0 3 0 6 3 0 2 0 0 3

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	250.00	
(i) Itemized (use Schedule A)...	633.00	
(ii) Unitemized.....		
(iii) TOTAL of contributions from individuals...	883.00	707964.22
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACS)...	0.00	20500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	883.00	728464.22
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.)...	1972.30	7296.54
15. OTHER RECEIPTS (Dividends, Interest, etc.)...	214.36	128937.88
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	3069.66	864698.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	13963.33	1813889.87
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	590.00
(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	590.00
21. OTHER DISBURSEMENTS...	1500.00	108900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	15463.33	1923379.87

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	382031.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)...	3069.66
25. SUBTOTAL (add Line 23 and Line 24)...	385101.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...	15463.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	369638.07

FEC FORM 3Z-1 (File with Form 3)

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

Name of Candidate Joseph I. Lieberman		Candidate ID Number S8CT00022
Name of Principal Campaign Committee Friends of Joe Lieberman		Committee ID Number C C00235515
Committee Address PO Box 231294		
City Hartford	State CT	ZIP 06123-
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 ..	828825.89	0.00
2. Aggregate amount of contributions from personal funds of the candidate ..	0.00	0.00
3. Gross receipts minus the candidate's personal contributions ..	828825.89	0.00

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 36	
	(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

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 Joe Lieberman

Full Name (Last, First, Middle Initial) A. David Silver	
Mailing Address 4621 Balboa Avenue	
City Engle	State Zip Code CA 91315-
FEC ID number of contributing federal political committee. C	
Name of Employer Information Requested	Occupation Information Requested
Receipt For: 2006 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D Y Y Y Y 04 / 27 2003
Transaction ID: 0702200353038237
Amount of Each Receipt this Period 250.00
Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j);441a-1)

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 36

(check only one)

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

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NAME OF COMMITTEE (in Full)

Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Ford Motor Credit Company		Date of Receipt M N D D Y Y Y Y 06 16 2003
Mailing Address P.O. Box 200555		Transaction ID: 0702200363C38287
City Pittsburgh	State PA	Zip Code 15257
FEC ID number of contributing Federal political committee. C		Amount of Each Receipt this Period 1972.30
Name of Employer	Occupation	Offsets to Operating Expenditure Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)
Receipt For: 2008 X Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1972.30	

SUBTOTAL of Receipts This Page (optional)	▶	1972.30
TOTAL This Period (last page this line number only)	▶	1972.30

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Peoples Bank			Date of Receipt M M D D Y Y Y 04 02 2003		
Mailing Address One Financial Plaza			Transaction ID: 0702200353C38263		
City	State	Zip Code	Amount of Each Receipt this Period		
Hartford	CT	05103	0.12		
FEC ID number of contributing federal political committee. C			Other Receipt		
Name of Employer n/a		Occupation n/a	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)		
Receipt For: 2006 X Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 3132.55			

Full Name (Last, First, Middle Initial) B. Peoples Bank			Date of Receipt M M D D Y Y Y Y 05 05 2003		
Mailing Address One Financial Plaza			Transaction ID: 0702200353C38264		
City	State	Zip Code	Amount of Each Receipt this Period		
Hartford	CT	05103	0.84		
FEC ID number of contributing federal political committee. C			Other Receipt		
Name of Employer n/a		Occupation n/a	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)		
Receipt For: 2006 X Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 3132.55			

Full Name (Last, First, Middle Initial) C. Solomon Smith Barney Holdings Inc			Date of Receipt M M D D Y Y Y Y 04 17 2003		
Mailing Address 388 Greenwich Street			Transaction ID: 0702200353C38252		
City	State	Zip Code	Amount of Each Receipt this Period		
New York	NY	10013	141.27		
FEC ID number of contributing federal political committee. C			Other Receipt		
Name of Employer n/a		Occupation n/a	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)/441a-1)		
Receipt For: 2006 X Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 108667.80			

SUBTOTAL of Receipts This Page (optional) ▶

148.03

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

**SCHEDULE A (FEC Form F3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 / 36

(check only one)

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

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NAME OF COMMITTEE (in Full)

Friends of Joe Lieberman

Full Name (Last, First, Middle Initial)

A. Salomon Smith Barney Holdings Inc

Mailing Address 388 Greenwich Street

City State Zip Code
New York NY 10013

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
n/a n/a

Receipt For: 2006
X Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼
106657.80

Date of Receipt

MM / DD / YYYY
05 / 05 / 2003

Transaction ID: 0702200353C38265

Amount of Each Receipt this Period

56.33

Other Receipt

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional)

56.33

TOTAL This Period (last page this line number only)

214.36

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 36

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. CSA Ramp Coffee Service		Transaction ID: 0702200353E10067 Date of Disbursement M M D D Y Y Y Y 06 12 2003	
Mailing Address 555 Franklin Avenue		Amount of Each Disbursement this Period 8.28	
City Hartford State CT Zip Code 06114-	Purpose of Disbursement beverages	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	BEVERAGES	
State: District:			

Full Name (Last, First, Middle Initial) B. Cash		Transaction ID: 0702200353E10035 Date of Disbursement M M D D Y Y Y Y 04 14 2003	
Mailing Address PO Box 231284 State House Square		Amount of Each Disbursement this Period 200.00	
City Hartford State CT Zip Code 06123-	Purpose of Disbursement petty cash	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	PETTY CASH	
State: District:			

Full Name (Last, First, Middle Initial) C. Cingular Wireless		Transaction ID: 0702200353E1D042 Date of Disbursement M M D D Y Y Y Y 04 27 2003	
Mailing Address P.O. Box 9823		Amount of Each Disbursement this Period 257.38	
City New Haven State CT Zip Code 06538-	Purpose of Disbursement telephone service	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	TELEPHONE SERVICE	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	486.66
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

 A. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City	State	Zip Code
Memphis	TN	38101-

 Purpose of Disbursement
courier service

Candidate Name

 001
Category/
Type

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

 Transaction ID: 0702200353E10043
Date of Disbursement

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

Amount of Each Disbursement this Period

54.30

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

COURIER SERVICE

 B. Full Name (Last, First, Middle Initial)
Federal Express

Mailing Address P.O. Box 1140

City	State	Zip Code
Memphis	TN	38101-

 Purpose of Disbursement
courier service

Candidate Name

 001
Category/
Type

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

 Transaction ID: 0702200353E10056
Date of Disbursement

M	M	D	D	Y	Y	Y
0	5	2	9	2	0	0

Amount of Each Disbursement this Period

20.39

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

COURIER SERVICE

 C. Full Name (Last, First, Middle Initial)
Hadassah Lieberman

 Mailing Address One Constitution Plaza
7th Floor

City	State	Zip Code
Hartford	CT	06103-

 Purpose of Disbursement
travel reimbursement

Candidate Name

 002
Category/
Type

Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼
State:	District:		

 Transaction ID: 0702200353E10048
Date of Disbursement

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

Amount of Each Disbursement this Period

217.75

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

TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶

292.44

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

A. Democratic Conference Luncheon Full Name (Last, First, Middle Initial) Mailing Address 123 Hart Senate Office City Washington State DC Zip Code 20005- Purpose of Disbursement food and beverages Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼		Transaction ID: 0702200353E10058 Date of Disbursement M M D D Y Y Y Y 05 29 2003 Amount of Each Disbursement this Period 678.62 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FOOD AND BEVERAGES
B. Department of Revenue Services Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5055 City Hartford State CT Zip Code 06104- Purpose of Disbursement payroll tax Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼		Transaction ID: 0702200353E10090 Date of Disbursement M M D D Y Y Y Y 04 05 2003 Amount of Each Disbursement this Period 17.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAX
C. Department of Revenue Services Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 5055 City Hartford State CT Zip Code 06104- Purpose of Disbursement payroll tax Candidate Name Office Sought: House Senate President State: District Disbursement For: Primary General Other (specify) ▼		Transaction ID: 0702200353E10091 Date of Disbursement M M D D Y Y Y Y 04 20 2003 Amount of Each Disbursement this Period 17.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAX
SUBTOTAL of Disbursements This Page (optional) ▶		713.24
TOTAL This Period (last page this line number only) ▶		

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 13 / 36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Department of Revenue Services		Transaction ID: 0702200353E10092 Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2003		
Mailing Address P.O. Box 5055		Amount of Each Disbursement this Period 17.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAX		
City Hartford	State CT			Zip Code 06104-
Purpose of Disbursement payroll tax				001 Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:		

Full Name (Last, First, Middle Initial) B. Department of Revenue Services		Transaction ID: 0702200353E10093 Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2003		
Mailing Address P.O. Box 5055		Amount of Each Disbursement this Period 17.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAX		
City Hartford	State CT			Zip Code 06104-
Purpose of Disbursement payroll tax				001 Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:		

Full Name (Last, First, Middle Initial) C. Department of Revenue Services		Transaction ID: 0702200353E10094 Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2003		
Mailing Address P.O. Box 5055		Amount of Each Disbursement this Period 17.31 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL TAX		
City Hartford	State CT			Zip Code 06104-
Purpose of Disbursement payroll tax				001 Category/ Type
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	State: District:		

SUBTOTAL of Disbursements This Page (optional)	▶	51.93
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 14 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Department of Revenue Services		Transaction ID: 0702200353E10095	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address P.O. Box 5056		06 / 20 / 2003	
City Hartford	State CT	Zip Code 06104	Amount of Each Disbursement this Period 17.31
Purpose of Disbursement payroll tax	001 Category/ Type		
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PAYROLL TAX
State: District:			

B. Internal Revenue Service		Transaction ID: 0702200353E10084	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address Processing Center		04 / 05 / 2003	
City Andover	State MA	Zip Code 05501	Amount of Each Disbursement this Period 159.41
Purpose of Disbursement payroll tax	001 Category/ Type		
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PAYROLL TAX
State: District:			

C. Internal Revenue Service		Transaction ID: 0702200353E10085	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address Processing Center		04 / 20 / 2003	
City Andover	State MA	Zip Code 05501	Amount of Each Disbursement this Period 159.41
Purpose of Disbursement payroll tax	001 Category/ Type		
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PAYROLL TAX
State: District:			

SUBTOTAL of Disbursements This Page (optional)	336.13
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 15 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: 0702200353E10086 Date of Disbursement 05 / 05 / 2003	
Mailing Address Processing Center		Amount of Each Disbursement this Period	
City Andover	State MA	Zip Code 05501-	159.41
Purpose of Disbursement payroll tax		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PAYROLL TAX
State: District:			

B. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: 0702200353E10087 Date of Disbursement 05 / 20 / 2003	
Mailing Address Processing Center		Amount of Each Disbursement this Period	
City Andover	State MA	Zip Code 05501-	159.41
Purpose of Disbursement payroll tax		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PAYROLL TAX
State: District:			

C. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: 0702200353E10088 Date of Disbursement 06 / 05 / 2003	
Mailing Address Processing Center		Amount of Each Disbursement this Period	
City Andover	State MA	Zip Code 05501-	158.72
Purpose of Disbursement payroll tax		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PAYROLL TAX
State: District:			

SUBTOTAL of Disbursements This Page (optional)	475.54
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 16 / 36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Internal Revenue Service			Transaction ID: 0702200353E10089 Date of Disbursement 08 20 2003	
Mailing Address Processing Center			Amount of Each Disbursement this Period 151.37 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Andover	State MA	Zip Code 05601-		
Purpose of Disbursement payroll tax		Candidate Name		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼		PAYROLL TAX

B. Peoples Bank			Transaction ID: 0702200353E10096 Date of Disbursement 04 25 2003	
Mailing Address One Financial Plaza			Amount of Each Disbursement this Period 70.81 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Hartford	State CT	Zip Code 06103-		
Purpose of Disbursement bank fee		Candidate Name		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼		BANK FEE

C. Peoples Bank			Transaction ID: 0702200353E10097 Date of Disbursement 05 20 2003	
Mailing Address One Financial Plaza			Amount of Each Disbursement this Period 73.92 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
City Hartford	State CT	Zip Code 06103-		
Purpose of Disbursement bank fee		Candidate Name		
Office Sought: House Senate President	State: District:	Disbursement For: Primary General Other (specify) ▼		BANK FEE

SUBTOTAL of Disbursements This Page (optional)	296.10
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 17 / 36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Peoples Bank		Transaction ID: 0702200353E10098	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address One Financial Plaza		06 25 2003	
City Hartford	State CT	Zip Code 06103-	Amount of Each Disbursement this Period 77.76
Purpose of Disbursement bank fee	DD1 Category/ Type		
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		BANK FEE
State: District:			

B. SNET		Transaction ID: 0702200353E10044	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address P.O. Box 1861		04 27 2003	
City New Haven	State CT	Zip Code 06508-	Amount of Each Disbursement this Period 113.97
Purpose of Disbursement telephone service	DD1 Category/ Type		
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		TELEPHONE SERVICE
State: District:			

C. SNET		Transaction ID: 0702200353E10038	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address P.O. Box 1861		04 27 2003	
City New Haven	State CT	Zip Code 06508-	Amount of Each Disbursement this Period 96.46
Purpose of Disbursement telephone service	DD1 Category/ Type		
Candidate Name		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		TELEPHONE SERVICE
State: District:			

SUBTOTAL of Disbursements This Page (optional)	288.19
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 / 36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. SNET			Transaction ID: 0702200353E10051	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address P.O. Box 1861			05 / 29 / 2003	
City	State	Zip Code	Amount of Each Disbursement This Period	
New Haven	CT	06508-	95.95	
Purpose of Disbursement telephone service		Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
001 Category/Type			TELEPHONE SERVICE	
Office Sought:	House Senate President	Disbursement For:		
State:	District:	Primary General Other (specify) ▼		

B. Crystal Rock			Transaction ID: 0702200353E10047	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address 1050 Buckingham Street			04 / 27 / 2003	
City	State	Zip Code	Amount of Each Disbursement This Period	
Watertown	CT	06795-	36.95	
Purpose of Disbursement office supplies		Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
001 Category/Type			OFFICE SUPPLIES	
Office Sought:	House Senate President	Disbursement For:		
State:	District:	Primary General Other (specify) ▼		

C. Crystal Rock			Transaction ID: 0702200353E10050	
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address 1050 Buckingham Street			05 / 29 / 2003	
City	State	Zip Code	Amount of Each Disbursement This Period	
Watertown	CT	06795-	19.60	
Purpose of Disbursement office supplies		Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
001 Category/Type			OFFICE SUPPLIES	
Office Sought:	House Senate President	Disbursement For:		
State:	District:	Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	151.90
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 19 / 36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial) MCI Worldcom		Transaction ID: 0702200353E10041 Date of Disbursement 04 / 27 / 2003	
Mailing Address 1801 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 8.62	
City Washington	State DC	Zip Code 20006-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement telephone service	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		TELEPHONE SERVICE
State: District:			

B. Full Name (Last, First, Middle Initial) MCI Worldcom		Transaction ID: 0702200353E10053 Date of Disbursement 05 / 29 / 2003	
Mailing Address 1801 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 8.62	
City Washington	State DC	Zip Code 20006-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement telephone service	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		TELEPHONE SERVICE
State: District:			

C. Full Name (Last, First, Middle Initial) CBS Payroll		Transaction ID: 0702200353E10077 Date of Disbursement 04 / 07 / 2003	
Mailing Address 80 Shield Street		Amount of Each Disbursement this Period 30.35	
City W Hartford	State CT	Zip Code 06110-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement payroll service	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		PAYROLL SERVICE
State: District:			

SUBTOTAL of Disbursements This Page (optional)	43.59
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/>	18 20b	<input type="checkbox"/>	19a 20c	<input type="checkbox"/>	19b 21
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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial)

A. CBS Payroll

Mailing Address 80 Shield Street

City W Hartford State CT Zip Code 06110-

Purpose of Disbursement
payroll service

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 0702200353E10078

Date of Disbursement

04 10 2003

Amount of Each Disbursement this Period

23.99

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

PAYROLL SERVICE

Full Name (Last, First, Middle Initial)

B. CBS Payroll

Mailing Address 80 Shield Street

City W Hartford State CT Zip Code 06110-

Purpose of Disbursement
payroll service

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 0702200353E10079

Date of Disbursement

04 21 2003

Amount of Each Disbursement this Period

78.83

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

PAYROLL SERVICE

Full Name (Last, First, Middle Initial)

C. CBS Payroll

Mailing Address 80 Shield Street

City W Hartford State CT Zip Code 06110-

Purpose of Disbursement
payroll service

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 0702200353E10080

Date of Disbursement

05 05 2003

Amount of Each Disbursement this Period

30.35

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

PAYROLL SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

133.17

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

**SCHEDULE B (FEC Form F3)
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 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

A. CBS Payroll		Transaction ID: 0702200353E10081	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 80 Shield Street		05 / 20 / 2003	
City W Hartford	State CT	Zip Code 06110-	Amount of Each Disbursement this Period
Purpose of Disbursement payroll service		001 Category/ Type	30.35
Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	PAYROLL SERVICE	
State: District:			

B. CBS Payroll		Transaction ID: 0702200353E10082	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 80 Shield Street		06 / 05 / 2003	
City W Hartford	State CT	Zip Code 06110-	Amount of Each Disbursement this Period
Purpose of Disbursement payroll service		001 Category/ Type	31.46
Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	PAYROLL SERVICE	
State: District:			

C. CBS Payroll		Transaction ID: 0702200353E10083	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 80 Shield Street		06 / 20 / 2003	
City W Hartford	State CT	Zip Code 06110-	Amount of Each Disbursement this Period
Purpose of Disbursement payroll service		001 Category/ Type	31.46
Candidate Name			Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	PAYROLL SERVICE	
State: District:			

SUBTOTAL of Disbursements This Page (optional)	93.27
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 22 / 35
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Greater New Haven NAACP		Transaction ID: 0702200353E10101 Date of Disbursement 05 ^M 12 ^D 2003 ^Y	
Mailing Address 755 Whitney Avenue		Amount of Each Disbursement this Period 370.00	
City New Haven	State CT	Zip Code 06511-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement event tickets and program ad		012 Category/ Type	
Candidate Name		EVENT TICKETS AND PROGRAM AD	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Greater New Haven NAACP		Transaction ID: 0702200353E10100 Date of Disbursement 05 ^M 19 ^D 2003 ^Y	
Mailing Address 755 Whitney Avenue		Amount of Each Disbursement this Period 60.00	
City New Haven	State CT	Zip Code 06511-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement event tickets		012 Category/ Type	
Candidate Name		EVENT TICKETS	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Peoples Bank - Credit Card Plan		Transaction ID: 0702200353E10102 Date of Disbursement 05 ^M 16 ^D 2003 ^Y	
Mailing Address PO Box 18055		Amount of Each Disbursement this Period 735.53	
City Bridgeport	State CT	Zip Code 06601-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement credit cards - see below		001 Category/ Type	
Candidate Name		CREDIT CARDS - SEE BELOW	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1165.53
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:
(check only one)

PAGE 23 / 36

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

Full Name (Last, First, Middle Initial)

A. Senate Stationery/Gift Shop

 Mailing Address U.S. Senate
Dirksen Senate Office Bldg

City Washington State DC Zip Code 20510-

 Purpose of Disbursement
gifts

Candidate Name

 006
Category/
Type

 Office Sought: House
Senate
President

 Disbursement For:
Primary General
Other (specify) ▼

State: District:

Transaction ID: 0714200310E10153

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y
0	3		0	2		2	0	0

Amount of Each Disbursement this Period

40.50

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

 (MEMO ITEM)
MEMO: GIFTS

Full Name (Last, First, Middle Initial)

B. Senate Stationery/Gift Shop

 Mailing Address U.S. Senate
Dirksen Senate Office Bldg

City Washington State DC Zip Code 20510-

 Purpose of Disbursement
gifts

Candidate Name

 006
Category/
Type

 Office Sought: House
Senate
President

 Disbursement For:
Primary General
Other (specify) ▼

State: District:

Transaction ID: 0714200310E10152

Date of Disbursement

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

Amount of Each Disbursement this Period

92.50

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

 (MEMO ITEM)
MEMO: GIFTS

Full Name (Last, First, Middle Initial)

C. FTD.com

Mailing Address PO Box 385

City Centerbrook State CT Zip Code 06409-

 Purpose of Disbursement
flowers

Candidate Name

 006
Category/
Type

 Office Sought: House
Senate
President

 Disbursement For:
Primary General
Other (specify) ▼

State: District:

Transaction ID: 0714200310E10154

Date of Disbursement

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

Amount of Each Disbursement this Period

64.98

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

 (MEMO ITEM)
MEMO: FLOWERS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 24 / 30
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. ExxonMobil		Transaction ID: 0714200310E10150	
Mailing Address 286 Whalley Avenue		Date of Disbursement 03 / 17 / 2003	
City New Haven	State CT	Zip Code 06511-	Amount of Each Disbursement this Period 24.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE
Purpose of Disbursement gasoline		002 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ExxonMobil		Transaction ID: 0714200310E10151	
Mailing Address 286 Whalley Avenue		Date of Disbursement 03 / 18 / 2003	
City New Haven	State CT	Zip Code 06511-	Amount of Each Disbursement this Period 11.74 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE
Purpose of Disbursement gasoline		002 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Peoples Bank - Credit Card Plan		Transaction ID: 0702200353E10066	
Mailing Address PO Box 18055		Date of Disbursement 06 / 12 / 2003	
City Bridgeport	State CT	Zip Code 06601-	Amount of Each Disbursement this Period 1470.29 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARDS - SEE BELOW
Purpose of Disbursement credit cards - see below		001 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1470.29
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 25 / 36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Senate Stationery/Gift Shop		Transaction ID: 070320037E10112	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Date of Disbursement 05 02 2003	
City Washington	State DC	Zip Code 20510-	Amount of Each Disbursement this Period 40.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS
Purpose of Disbursement gifts		006 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Senate Stationery/Gift Shop		Transaction ID: 070320037E10118	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Date of Disbursement 05 02 2003	
City Washington	State DC	Zip Code 20510-	Amount of Each Disbursement this Period 81.75 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS
Purpose of Disbursement gifts		006 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Senate Stationery/Gift Shop		Transaction ID: 070320037E10115	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Date of Disbursement 05 02 2003	
City Washington	State DC	Zip Code 20510-	Amount of Each Disbursement this Period 92.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS
Purpose of Disbursement gifts		006 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 26 / 36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Senate Stationery/Gift Shop		Transaction ID: 070320037E10114 Date of Disbursement M M / D D Y Y Y Y 05 / 02 2003	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 92.50	
City Washington	State DC	Zip Code 20510-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS
Purpose of Disbursement gifts	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Senate Stationery/Gift Shop		Transaction ID: 070320037E10113 Date of Disbursement M M / D D Y Y Y Y 05 / 02 2003	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 39.25	
City Washington	State DC	Zip Code 20510-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS
Purpose of Disbursement gifts	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Senate Stationery/Gift Shop		Transaction ID: 070320037E10117 Date of Disbursement M M / D D Y Y Y Y 05 / 05 2003	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 118.25	
City Washington	State DC	Zip Code 20510-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS
Purpose of Disbursement gifts	Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 27 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Senate Stationery/Gift Shop		Transaction ID: D70320037E10118 Date of Disbursement 05 / 15 / 2003	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 41.00	
City Washington	State DC	Zip Code 20510-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS
Purpose of Disbursement gifts	006 Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Transaction ID: Q70320037E10107 Date of Disbursement 04 / 22 / 2003	
Mailing Address State House Square		Amount of Each Disbursement this Period 80.00	
City Hartford	State CT	Zip Code 06123-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
Purpose of Disbursement postage	001 Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Transaction ID: Q70320037E10121 Date of Disbursement 05 / 01 / 2003	
Mailing Address State House Square		Amount of Each Disbursement this Period 37.00	
City Hartford	State CT	Zip Code 06123-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: POSTAGE
Purpose of Disbursement postage	001 Category/ Type		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

 A. Full Name (Last, First, Middle Initial)
FTD.com

Mailing Address PO Box 365

 City State Zip Code
Centerbrook CT 06408-

 Purpose of Disbursement
flowers

Candidate Name

 008
Category/
Type

 Office Sought: House
Senate
President

 Disbursement For:
Primary General
Other (specify) ▼

State: District:

 Transaction ID: 070320037E10122
Date of Disbursement

N	M	D	Y	Y	Y
0	4	2	9	2	0

Amount of Each Disbursement this Period

61.48

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

[MEMO ITEM]
MEMO: FLOWERS

 B. Full Name (Last, First, Middle Initial)
Verizon Wireless

Mailing Address PO Box 489

 City State Zip Code
Newark NJ 07101-0489

 Purpose of Disbursement
telephone service

Candidate Name

 001
Category/
Type

 Office Sought: House
Senate
President

 Disbursement For:
Primary General
Other (specify) ▼

State: District:

 Transaction ID: 070320037E10106
Date of Disbursement

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

Amount of Each Disbursement this Period

312.12

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

[MEMO ITEM]
MEMO: TELEPHONE SERVICE

 C. Full Name (Last, First, Middle Initial)
ExxonMobil

Mailing Address 286 Whalley Avenue

 City State Zip Code
New Haven CT 06511-

 Purpose of Disbursement
gasoline

Candidate Name

 002
Category/
Type

 Office Sought: House
Senate
President

 Disbursement For:
Primary General
Other (specify) ▼

State: District:

 Transaction ID: 070320037E10111
Date of Disbursement

M	M	D	Y	Y	Y
0	5	1	5	2	0

Amount of Each Disbursement this Period

27.62

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

[MEMO ITEM]
MEMO: GASOLINE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. ExxonMobil		Transaction ID: 070320037E10110
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 286 Whalley Avenue		04 / 22 / 2003
City New Haven	State CT	Zip Code 06511-
Purpose of Disbursement gasoline	Candidate Name	Amount of Each Disbursement this Period 10.00
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		[MEMO ITEM] MEMO: GASOLINE

B. ExxonMobil		Transaction ID: 070320037E10109
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 286 Whalley Avenue		04 / 22 / 2003
City New Haven	State CT	Zip Code 06511-
Purpose of Disbursement gasoline	Candidate Name	Amount of Each Disbursement this Period 20.00
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		[MEMO ITEM] MEMO: GASOLINE

C. Amende Pizzeria		Transaction ID: 070320037E10119
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 226 Massachusetts Avenue		05 / 15 / 2003
City Washington	State DC	Zip Code 20003-
Purpose of Disbursement food & beverages	Candidate Name	Amount of Each Disbursement this Period 33.99
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: District:		[MEMO ITEM] MEMO: FOOD & BEVERAGES

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Armands Pizzeria		Transaction ID: 070320037E10120 Date of Disbursement 05 ^M 15 ^D 2003 ^Y	
Mailing Address 226 Massachusetts Avenue		Amount of Each Disbursement this Period 26.70	
City Washington State DC Zip Code 20003-	Purpose of Disbursement food & beverage	007 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD & BEVERAGE
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Shell Oil		Transaction ID: 070320037E10108 Date of Disbursement 04 ^M 21 ^D 2003 ^Y	
Mailing Address 1 Whalley Avenue		Amount of Each Disbursement this Period 19.75	
City New Haven State CT Zip Code 06511-	Purpose of Disbursement gasoline	002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lori McGrogan		Transaction ID: 0702200353E10034 Date of Disbursement 04 ^M 11 ^D 2003 ^Y	
Mailing Address 3521 39th Street NW E-497		Amount of Each Disbursement this Period 4000.00	
City Washington State DC Zip Code 20016-	Purpose of Disbursement research services	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 RESEARCH SERVICES
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

 FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

Full Name (Last, First, Middle Initial)

A. Sprint PCS

Mailing Address 3153 Berlin Turnpike

 City State Zip Code
 Newington CT 06111-

 Purpose of Disbursement
 telephone service

Candidate Name

 001
 Category/
 Type

 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 0702200353E10037

Date of Disbursement

 M M D D Y Y Y Y
 04 27 2003

Amount of Each Disbursement this Period

107.90

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

TELEPHONE SERVICE

Full Name (Last, First, Middle Initial)

B. Sprint PCS

Mailing Address 3153 Berlin Turnpike

 City State Zip Code
 Newington CT 06111-

 Purpose of Disbursement
 telephone

Candidate Name

 001
 Category/
 Type

 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 0702200353E10062

Date of Disbursement

 M M D D Y Y Y Y
 06 12 2003

Amount of Each Disbursement this Period

124.49

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

TELEPHONE

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 489

 City State Zip Code
 Newark NJ 07101-0489

 Purpose of Disbursement
 telephone service

Candidate Name

 001
 Category/
 Type

 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 0702200353E10085

Date of Disbursement

 M M D D Y Y Y Y
 06 12 2003

Amount of Each Disbursement this Period

79.90

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

TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶

312.29

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

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Conn Constitution Assoc LLC		Transaction ID: 0702200353E10039 Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2003	
Mailing Address 100 Constitution Plaza		Amount of Each Disbursement this Period 175.00	
City Hartford State CT Zip Code 06103-	Purpose of Disbursement rent Candidate Name	DD1 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		RENT

Full Name (Last, First, Middle Initial) B. Conn Constitution Assoc LLC		Transaction ID: 0702200353E10039 Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2003	
Mailing Address 100 Constitution Plaza		Amount of Each Disbursement this Period 87.50	
City Hartford State CT Zip Code 06103-	Purpose of Disbursement rent Candidate Name	DD1 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		RENT

Full Name (Last, First, Middle Initial) C. Sprint		Transaction ID: 0702200353E10036 Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2003	
Mailing Address PO Box 162056		Amount of Each Disbursement this Period 14.64	
City Irving State TX Zip Code 75015-2046	Purpose of Disbursement telephone service Candidate Name	DD1 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional) ▶	277.14
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Sprint		Transaction ID: 0702200353E10083	
Mailing Address PO Box 152056		Date of Disbursement 08 ^M 12 ^D 2003 ^Y	
City Irving	State TX	Zip Code 75015-2046	Amount of Each Disbursement this Period 12.09
Purpose of Disbursement telephone service		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		TELEPHONE SERVICE
State: District:			

Full Name (Last, First, Middle Initial) B. State Financial Bank NA		Transaction ID: 0702200353E10104	
Mailing Address 10708 W. Janesville Road PO Box 467		Date of Disbursement 05 ^M 12 ^D 2003 ^Y	
City Hales Corners	State WI	Zip Code 53130-	Amount of Each Disbursement this Period 7.50
Purpose of Disbursement bank fee		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		BANK FEE
State: District:			

Full Name (Last, First, Middle Initial) C. Scott Jackson		Transaction ID: 0702200353E10071	
Mailing Address PO Box 231294 State House Square		Date of Disbursement 04 ^M 04 ^D 2003 ^Y	
City Hartford	State CT	Zip Code 06123-	Amount of Each Disbursement this Period 562.27
Purpose of Disbursement wages		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		WAGES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	581.86
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Scott Jackson		Transaction ID: 0702200353E10072 Date of Disbursement 04 21 2003	
Mailing Address PO Box 231294 State House Square			
City Hartford State CT Zip Code 06123-	Amount of Each Disbursement this Period 562.27		
Purpose of Disbursement wages	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		WAGES
State: District:			

Full Name (Last, First, Middle Initial) B. Scott Jackson		Transaction ID: 0702200353E10073 Date of Disbursement 05 02 2003	
Mailing Address PO Box 231294 State House Square			
City Hartford State CT Zip Code 06123-	Amount of Each Disbursement this Period 562.27		
Purpose of Disbursement wages	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		WAGES
State: District:			

Full Name (Last, First, Middle Initial) C. Scott Jackson		Transaction ID: 0702200353E10074 Date of Disbursement 05 19 2003	
Mailing Address PO Box 231294 State House Square			
City Hartford State CT Zip Code 06123-	Amount of Each Disbursement this Period 562.27		
Purpose of Disbursement wages	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		WAGES
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1666.81
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Scott Jackson		Transaction ID: 0702200353E10075 Date of Disbursement 06 ^M 04 ^D 2003 ^Y	
Mailing Address PO Box 231294 State House Square		Amount of Each Disbursement this Period 562.27	
City Hartford	State CT	Zip Code 06123-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement wages		001 Category/ Type	
Candidate Name		WAGES	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Scott Jackson		Transaction ID: 0702200353E10076 Date of Disbursement 06 ^M 19 ^D 2003 ^Y	
Mailing Address PO Box 231294 State House Square		Amount of Each Disbursement this Period 564.98	
City Hartford	State CT	Zip Code 06123-	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement wages		001 Category/ Type	
Candidate Name		WAGES	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	1127.25
TOTAL This Period (last page this line number only)	▶	13963.33

**SCHEDULE B (FEC Form F3)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Democratic State Central Committee		Transaction ID: 0702200353E10049 Date of Disbursement M M D D Y Y 04 27 2003	
Mailing Address 380 Franklin Avenue		Amount of Each Disbursement this Period 250.00	
City Hartford State CT Zip Code 06114-	Purpose of Disbursement event tickets Candidate Name		
Office Sought: House Senate President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
		007 Category/ Type	

Full Name (Last, First, Middle Initial) B. Friends For Harry Reid		Transaction ID: 0702200353E10068 Date of Disbursement M M D D Y Y 06 21 2003	
Mailing Address 422 C Street, NE Lower Level		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-	Purpose of Disbursement contribution Candidate Name		
Office Sought: House Senate President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
		011 Category/ Type	

Full Name (Last, First, Middle Initial) C. National Federation of Democratic Women		Transaction ID: 0702200353E10105 Date of Disbursement M M D D Y Y 06 11 2003	
Mailing Address 19432 Burlington Drive		Amount of Each Disbursement this Period 250.00	
City Highland Park State MI Zip Code 48203-	Purpose of Disbursement program advertisement Candidate Name		
Office Sought: House Senate President State: District:		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
		011 Category/ Type	

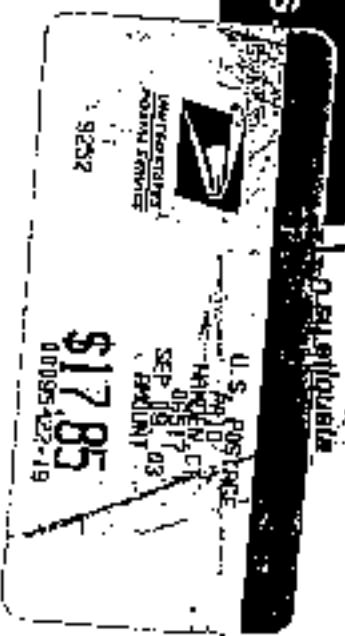
SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00

PREPAID

UNITED STATES POSTAL SERVICE

www.usps.com

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o el giro postal



DELIVERY URGENT

Please Rush To Addressee

SENTITE

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FOR PICKUP OR TRACKING CALL 1-800-222-1811
Para recolección o localización, llame al 1-800-222-1811



ER30311905US



Post Office To Addressee

Addressee Copy
Label 118 September 2003

UNITED STATES POSTAL SERVICE

DELIVERY URGENT USE ONLY

PO ZIP Code 66-517	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Regular	Post Office To Addressee <input type="checkbox"/> Regular <input type="checkbox"/> Express	Post Office To Addressee <input type="checkbox"/> Regular <input type="checkbox"/> Express
Class of Mail Priority Mail	Day of Delivery Day Time AM PM	Day of Delivery Day Time AM PM	Day of Delivery Day Time AM PM
Weight 1.0000	Insurance <input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	Signature <input type="checkbox"/> Signature Required <input type="checkbox"/> Signature Not Required	Signature <input type="checkbox"/> Signature Required <input type="checkbox"/> Signature Not Required
Additional Charges <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Required	Additional Charges <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Required	Additional Charges <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Required	Additional Charges <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Required
Total Postage & Fees \$ 17.85	Total Postage & Fees \$ 17.85	Total Postage & Fees \$ 17.85	Total Postage & Fees \$ 17.85

PERSONAL USE ONLY
REMARKS OF THE BUYER
281-1784

UNITED STATES POSTAL SERVICE

DELIVERY URGENT USE ONLY

Delivery Address 9115	Time of Delivery AM PM	Signature Signature Required	Signature Signature Required
Day of Delivery Day Time AM PM	Day of Delivery Day Time AM PM	Day of Delivery Day Time AM PM	Day of Delivery Day Time AM PM
Weight 1.0000	Insurance <input type="checkbox"/> Insured <input type="checkbox"/> Not Insured	Signature <input type="checkbox"/> Signature Required <input type="checkbox"/> Signature Not Required	Signature <input type="checkbox"/> Signature Required <input type="checkbox"/> Signature Not Required
Additional Charges <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Required	Additional Charges <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Required	Additional Charges <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Required	Additional Charges <input type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Required
Total Postage & Fees \$ 17.85	Total Postage & Fees \$ 17.85	Total Postage & Fees \$ 17.85	Total Postage & Fees \$ 17.85

PERSONAL USE ONLY
REMARKS OF THE BUYER
281-1784

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART Building
SUITE 202
WASHINGTON, DC 20510-7118
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED
Date of Receipt

REGISTERED/CERTIFIED MAIL
Postmarked

RECEIVED FROM THE FEDERAL ELECTION
COMMISSION
Date of Receipt

OTHER (Specify):
PRIORITY MAIL
 EXPRESS MAIL
FEDERAL EXPRESS
UPS
AIRBORNE EXPRESS **09-09-03**
Postmark and/or Date of Receipt

FIRST CLASS MAIL
Postmarked

FAX (48-HOUR NOTICES)
FAX (PEC FORM #10)
FAX (CAMPAIGN REPORT)
Date of Receipt

NO POSTMARK POSTMARK ILLEGIBLE

RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER
Date of Receipt

RD
Preparer
09-15-03
Date Prepared

