

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

13 APR 15 PM 4:03

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Friends of Chris Dodd

ADDRESS (number and street) P.O. Box 270701

Check if different than previously reported. (ACC)

West Hartford CT 06127

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT

C00347310

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on 11/04/2010 in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on 11/04/2010 in the State of

5. Covering Period 01/01/2013 through 03/31/2013

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 Kathryn J. Damato

Signature of Treasurer Kathryn J. Damato Assistant Treasurer Date 4.13.13

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

Table with 10 columns and 1 row. Office Use Only. FEC FORM 3 (Revised 02/2003)

13020163736

**SUMMARY PAGE**

of Receipts and Disbursements

Write or Type Committee Name  
**Friends of Chris Dodd**

Report Covering the Period: From:

MM / DD / YYYY  
 01 / 01 / 2013

To:

MM / DD / YYYY  
 03 / 31 / 2013

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	0.00	8580444.78
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1795612.48
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	0.00	6784832.30
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	7713.90	5073706.93
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	33642.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	7713.90	5040064.32
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>152884.67</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	

**For further information contact:**

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

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

13020163737

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

Friends of Chris Dodd

Report Covering the Period: From:

M M / D D / Y Y Y Y  
01 / 01 / 2013

To:

M M / D D / Y Y Y Y  
03 / 31 / 2013

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

5732594.06

(ii) Unitemized.....

0.00

473977.68

(iii) TOTAL of contributions from individuals ▶

0.00

6206571.74

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

2373873.04

(d) The Candidate.....

0.00

0.00

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

0.00

8580444.78

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

1064982.55

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

33642.61

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

278845.02

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

0.00

9957914.96

13020163738

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7713.90	5073706.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	48000.00	5338755.00
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	1135430.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	660182.47
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1795612.48
21. OTHER DISBURSEMENTS .....	5200.00	121009.71
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	60913.90	12329084.12

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	213798.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	213798.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60913.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	152884.67

13020163739

**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 5 OF 14

<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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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 Chris Dodd

Full Name (Last, First, Middle Initial)

**A. Advantage Payroll**

Mailing Address P.O. Box 1330

City Auburn State ME Zip Code 04211-1330

Purpose of Disbursement  
Processing Fee

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2013

Amount of Each Disbursement this Period

73.85

Transaction ID : 30121.E13455

PROCESSING FEE

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Advantage Payroll**

Mailing Address P.O. Box 1330

City Auburn State ME Zip Code 04211-1330

Purpose of Disbursement  
Processing & Shipping End of year f

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 17 / 2013

Amount of Each Disbursement this Period

119.52

Transaction ID : 30126.E13463

PROCESSING & SHIPPING END OF YEAR F

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Advantage Payroll**

Mailing Address P.O. Box 1330

City Auburn State ME Zip Code 04211-1330

Purpose of Disbursement  
Processing Fee

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2013

Amount of Each Disbursement this Period

118.31

Transaction ID : 30225.E13466

PROCESSING FEE

Category/  
Type

SUBTOTAL of Disbursements This Page (optional).....

311.68

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

13020163740

**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 6 OF 14

<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 Chris Dodd

Full Name (Last, First, Middle Initial)

**A. Advantage Payroll**

Mailing Address P.O. Box 1330

City Auburn State ME Zip Code 04211-1330

Purpose of Disbursement  
Rate change in tax

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2013

Amount of Each Disbursement this Period

45.00

Transaction ID : 30325.E13471

RATE CHANGE IN TAX

**B. Advantage Payroll**

Mailing Address P.O. Box 1330

City Auburn State ME Zip Code 04211-1330

Purpose of Disbursement  
Processing Fee

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 15 / 2013

Amount of Each Disbursement this Period

73.85

Transaction ID : 30325.E13475

PROCESSING FEE

**C. Advantage Payroll**

Mailing Address P.O. Box 1330

City Auburn State ME Zip Code 04211-1330

Purpose of Disbursement  
Processing fee

Candidate Name

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

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2013

Amount of Each Disbursement this Period

158.44

Transaction ID : 30408.E13480

PROCESSING FEE

SUBTOTAL of Disbursements This Page (optional).....

277.29

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

13020163741

**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 7 OF 14

<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 Chris Dodd

Full Name (Last, First, Middle Initial) A. CT Dept Taxation		Date of Disbursement
Mailing Address 25 Sigourney Street		MM / DD / YYYY 01 / 15 / 2013
City Hartford	State CT	Zip Code 06106-
Purpose of Disbursement Taxes	Candidate Name	Amount of Each Disbursement this Period 31.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Category/ Type	TAXES

Full Name (Last, First, Middle Initial) B. CT Dept Taxation		Date of Disbursement
Mailing Address 25 Sigourney Street		MM / DD / YYYY 02 / 15 / 2013
City Hartford	State CT	Zip Code 06106-
Purpose of Disbursement Taxes	Candidate Name	Amount of Each Disbursement this Period 31.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Category/ Type	TAXES

Full Name (Last, First, Middle Initial) C. CT Dept Taxation		Date of Disbursement
Mailing Address 25 Sigourney Street		MM / DD / YYYY 03 / 15 / 2013
City Hartford	State CT	Zip Code 06106-
Purpose of Disbursement Taxes	Candidate Name	Amount of Each Disbursement this Period 54.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: _____ District: _____	Category/ Type	TAXES

SUBTOTAL of Disbursements This Page (optional).....	117.00
TOTAL This Period (last page this line number only).....	

13020163742

**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 8 OF 14

<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 Chris Dodd**

Full Name (Last, First, Middle Initial) <b>A. CT Dept Taxation</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2013
Mailing Address 25 Sigourney Street		Amount of Each Disbursement this Period 54.00 Transaction ID : 30408.E13482
City Hartford	State CT	
Purpose of Disbursement Taxes	Zip Code 06106-	Category/ Type <b>TAXES</b>
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>B. Kathryn Damato</b>		Date of Disbursement MM / DD / YYYY 01 / 15 / 2013
Mailing Address P.O. Box 270701		Amount of Each Disbursement this Period 1221.94 Transaction ID : 30121.E13452
City W Hartford	State CT	
Purpose of Disbursement Salary	Zip Code 06127-	Category/ Type <b>SALARY</b>
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>C. Kathryn Damato</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2013
Mailing Address P.O. Box 270701		Amount of Each Disbursement this Period 1221.94 Transaction ID : 30225.E13465
City W Hartford	State CT	
Purpose of Disbursement Salary	Zip Code 06127-	Category/ Type <b>SALARY</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2497.88
<b>TOTAL</b> This Period (last page this line number only) .....	

13020163743



**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 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 Chris Dodd

Full Name (Last, First, Middle Initial)

**A. Kathryn Damato**

Mailing Address P.O. Box 270701

Date of Disbursement

M M / D D / Y Y Y Y
03 / 15 / 2013

City W Hartford State CT Zip Code 06127-

Amount of Each Disbursement this Period

1221.94
---------

Purpose of Disbursement  
Salary

Transaction ID : 30325.E13474

Candidate Name

Category/  
Type

SALARY

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

State: District:

Full Name (Last, First, Middle Initial)

**B. Kathryn Damato**

Mailing Address P.O. Box 270701

Date of Disbursement

M M / D D / Y Y Y Y
03 / 31 / 2013

City W Hartford State CT Zip Code 06127-

Amount of Each Disbursement this Period

1221.94
---------

Purpose of Disbursement  
Salary

Transaction ID : 30408.E13481

Candidate Name

Category/  
Type

SALARY

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

State: District:

Full Name (Last, First, Middle Initial)

**C. Iron Mountain**

Mailing Address P.O. Box 27128

Date of Disbursement

M M / D D / Y Y Y Y
03 / 02 / 2013

City New York State NY Zip Code 10087-

Amount of Each Disbursement this Period

335.93
--------

Purpose of Disbursement  
Shredding Services

Transaction ID : 30325.E13470

Candidate Name

Category/  
Type

SHREDDING SERVICES

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

State: District:

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

2779.81

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

13020163744

**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 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 Chris Dodd**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. IRS		MM / DD / YYYY 01 / 15 / 2013	
Mailing Address Internal Revenue Service P.O. Box 8530		Amount of Each Disbursement this Period	
City Philadelphia State PA Zip Code 19162-		398.81	
Purpose of Disbursement Taxes		Transaction ID : 30121.E13458	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TAXES	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. IRS		MM / DD / YYYY 02 / 15 / 2013	
Mailing Address Internal Revenue Service P.O. Box 8530		Amount of Each Disbursement this Period	
City Philadelphia State PA Zip Code 19162-		398.81	
Purpose of Disbursement Taxes		Transaction ID : 30225.E13467	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TAXES	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. IRS		MM / DD / YYYY 03 / 15 / 2013	
Mailing Address Internal Revenue Service P.O. Box 8530		Amount of Each Disbursement this Period	
City Philadelphia State PA Zip Code 19162-		398.81	
Purpose of Disbursement Taxes		Transaction ID : 30325.E13476	
Candidate Name		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		TAXES	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:			

SUBTOTAL of Disbursements This Page (optional) .....	1196.43
TOTAL This Period (last page this line number only) .....	

13020163745

**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 11 OF 14

<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 Chris Dodd

Full Name (Last, First, Middle Initial)

**A. IRS**

Date of Disbursement

Mailing Address Internal Revenue Service  
P.O. Box 8530

M	M	/	D	D	/	Y	Y	Y	Y
03			31			2013			

City Philadelphia State PA Zip Code 19162-

Amount of Each Disbursement this Period

Purpose of Disbursement  
Taxes

389.81

Candidate Name

Transaction ID : 30408.E13483

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

TAXES

State: District:

Full Name (Last, First, Middle Initial)

**B. U.S. Postmaster**

Date of Disbursement

Mailing Address 165 LaSalle Road

M	M	/	D	D	/	Y	Y	Y	Y
01			21			2013			

City W Hartford State CT Zip Code 06117-

Amount of Each Disbursement this Period

Purpose of Disbursement  
P.O. Box Rental

144.00

Candidate Name

Transaction ID : 30126.E13462

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

P.O. BOX RENTAL

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

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

533.81

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

7713.90

13020163746

**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 12 OF 14

<input type="checkbox"/> 17 20a	<input checked="" 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 Chris Dodd**

Full Name (Last, First, Middle Initial) <b>A. Chris Dodd for President</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2013
Mailing Address P.O. Box 270701		Amount of Each Disbursement this Period 30000.00 Transaction ID : 30325.E13469
City W Hartford	State CT	
Zip Code 06127-	Purpose of Disbursement Transfer of funds	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Chris Dodd for President</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2013
Mailing Address P.O. Box 270701		Amount of Each Disbursement this Period 18000.00 Transaction ID : 30325.E13473
City W Hartford	State CT	
Zip Code 06127-	Purpose of Disbursement Transfer of Funds	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	48000.00
<b>TOTAL</b> This Period (last page this line number only).....	48000.00

13020163747

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

Full Name (Last, First, Middle Initial) <b>A. Biden for Attorney General</b>		Date of Disbursement MM / DD / YYYY 01 / 26 / 2013
Mailing Address P.O. Box 2838		Amount of Each Disbursement this Period 1200.00 Transaction ID : 30225.E13464
City Wilmington	State DE	
Zip Code 19805-	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kay Hagan Re-Election Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2013
Mailing Address		Amount of Each Disbursement this Period 1000.00 Transaction ID : 30408.E13479
City	State	
Zip Code	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Contribution

Full Name (Last, First, Middle Initial) <b>c. Nolan for Congress Volunteer Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2013
Mailing Address P. O. Box 1041		Amount of Each Disbursement this Period 1000.00 Transaction ID : 30325.E13472
City Brainerd	State MN	
Zip Code 56401-	Purpose of Disbursement CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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**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 14 OF 14

<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 Chris Dodd**

Full Name (Last, First, Middle Initial) <b>A. The Markey Committee</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2013
Mailing Address P.O. Box 290782		Amount of Each Disbursement this Period 2000.00
City Charlestown	State MA	
Purpose of Disbursement CONTRIBUTION	Zip Code 02129	Transaction ID : 30408.E13478
Candidate Name	Category/ Type	Contribution
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Purpose of Disbursement	Zip Code	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	5200.00

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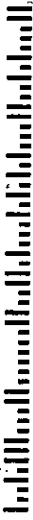
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DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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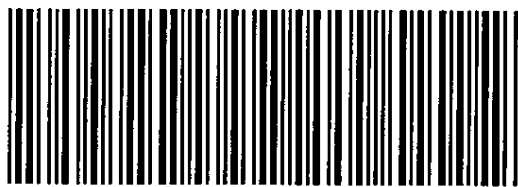
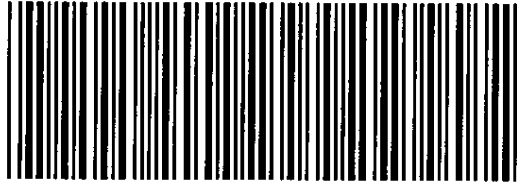
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