

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Committee to Elect David Cappiello for Congress

ADDRESS (number and street) P.O. Box 3198
 Check if different than previously reported. (ACC)
Danbury CT 06813

2. **FEC IDENTIFICATION NUMBER** C00434084
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CT 05

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 04 2008 in the State of CT
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Mary G. Saracino

Signature of Treasurer Electronically Filed by Mary G. Saracino Date 10 23 2008

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Committee to Elect David Cappiello for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	29601.00	1003749.55
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	4950.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	29601.00	998799.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	229653.71	1049972.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	15000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	229653.71	1034972.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	269198.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Committee to Elect David Capiello for Congress

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

19650.00

677562.76

(ii) Unitemized.....

5151.00

114819.46

(iii) TOTAL of contributions

24801.00

792382.22

from individuals..... ▶

300.00

4950.00

(b) Political Party Committees.....

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

4500.00

206417.33

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

29601.00

1003749.55

(add Lines 11(a)(iii), (b), (c), and (d))

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

0.00

305440.68

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

0.00

0.00

(add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

15000.00

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

0.00

0.00

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

29601.00

1324190.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	229653.71	1049972.32
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	4950.00
(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	4950.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	229653.71	1054922.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	469251.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	29601.00
25. SUBTOTAL (add Line 23 and Line 24).....	498852.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	229653.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	269198.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 62
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Ken Abramowitz	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 411 Harbor Rd	Transaction ID: 81016.C3431
	City State Zip Code Southport CT 06890-1376	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation NGN Capital Healthcare Venture Capital	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1375.00	

B.	Full Name (Last, First, Middle Initial) Nira Abramowitz	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address 411 Harbor Rd	Transaction ID: 81016.C3430
	City State Zip Code Southport CT 06890-1376	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Homemaker Homemaker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1375.00	

C.	Full Name (Last, First, Middle Initial) Michael Arisco	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 298 South Meriden Rd.	Transaction ID: 81016.C3385
	City State Zip Code Cheshire CT 06410	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Michaels Greenhouses, Inc. Vp	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

<p>A. Full Name (Last, First, Middle Initial) Raymond Beylouni</p> <p>Mailing Address 13 East Gate Rd.</p> <p>City State Zip Code Danbury CT 06811</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Colonial Subaru Occupation: Owner/ Executive Manager</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 900.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8</p> <p>Transaction ID: 81016.C3335</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Wadih H. Bourjeili</p> <p>Mailing Address 26 Merryall Rd.</p> <p>City State Zip Code New Milford CT 06776</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Ability Beyond Disability Occupation: Health Care</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 8</p> <p>Transaction ID: 81016.C3388</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Bonnie E. Burr</p> <p>Mailing Address 27 Dingle Brook Rd</p> <p>City State Zip Code Brookfield CT 06804-3606</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Us Department Of Agriculture Occupation: State Executive Director</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 200.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8</p> <p>Transaction ID: 81016.C3447</p> <p>Amount of Each Receipt this Period 75.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A.

Full Name (Last, First, Middle Initial)
Audrienne Buzaid

Mailing Address Old Never Sink Road
Crestway Point Driftwood

City Danbury State CT Zip Code 06810

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation
Homemaker

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

Date of Receipt MM / DD / YYYY
10 / 14 / 2008

Transaction ID: 81016.C3394

Amount of Each Receipt this Period 200.00

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

B.

Full Name (Last, First, Middle Initial)
Emile Buzaid

Mailing Address 2 Petersons Ln

City Danbury State CT Zip Code 06811-2745

FEC ID number of contributing federal political committee. C

Name of Employer Day Pitney, LLP Occupation
Attorney

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

Date of Receipt MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81016.C3333

Amount of Each Receipt this Period 200.00

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

C.

Full Name (Last, First, Middle Initial)
Jeffrey F. Buzaid

Mailing Address 46 Long River Rd

City Sherman State CT Zip Code 06784

FEC ID number of contributing federal political committee. C

Name of Employer Powerhouse Appliances Occupation
Owner

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 755.00

Date of Receipt MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81016.C3336

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A. Full Name (Last, First, Middle Initial)
Sam Caligiuri

Mailing Address 25 Hartley Dr

City State Zip Code
Waterbury CT 06705-3734

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Day Pitney LLP Attorney

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

1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3379

Amount of Each Receipt this Period
1000.00

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

B. Full Name (Last, First, Middle Initial)
Stuart Carlsen

Mailing Address 18 Winthrop Rd.

City State Zip Code
Bethel CT 06801

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Retired Retired

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

400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3383

Amount of Each Receipt this Period
100.00

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

C. Full Name (Last, First, Middle Initial)
Mary Ann Carson

Mailing Address 39 Fleetwood Dr.

City State Zip Code
New Fairfield CT 06812

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
State Of Connecticut Legislator

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

400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 81016.C3407

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

<p>A. Full Name (Last, First, Middle Initial) James Cavanaugh</p> <p>Mailing Address 50 Simmons St</p> <p>City State Zip Code Torrington CT 06790-3836</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RBC Barring Product Manager</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">350.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 1 / 2 0 0 8</p> <p>Transaction ID: 81023.C3461</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>B. Full Name (Last, First, Middle Initial) Michael Critelli</p> <p>Mailing Address 39 Shields Rd</p> <p>City State Zip Code Darien CT 06820-2531</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Pitney Bowes Executive Chairman</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8</p> <p>Transaction ID: 81016.C3449</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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<p>C. Full Name (Last, First, Middle Initial) Paul Dinto</p> <p>Mailing Address 56 Driftway Rd.</p> <p>City State Zip Code Danbury CT 06811</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Paul Dinto Electrical Contract Electrical Contractor</p> <p>Receipt For: 2008 Election Cycle-to-Date ▼ <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">2450.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 0 8</p> <p>Transaction ID: 81016.C3421</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)</p>
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SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A. Full Name (Last, First, Middle Initial)
Anthony DiPentima
Mailing Address 22 Bald Hill Rd.
City Thomasion State CT Zip Code 06787
FEC ID number of contributing federal political committee. **C**
Name of Employer Guion, Stevens, & Ryback, LLP Occupation Attorney
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1100.00
Date of Receipt 10 / 09 / 2008
Transaction ID: 81016.C3378
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Donnelly Heating Maintenance, LLC
Mailing Address PO Box 147
City Bethel State CT Zip Code 06801-0147
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 14 / 2008
Transaction ID: 81016.C3423
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Peter Donnelly
Mailing Address 25 Sunset Hill Rd
City Bethel State CT Zip Code 06801-2926
FEC ID number of contributing federal political committee. **C**
Name of Employer Donnelly Heating Maintenance, Occupation Owner
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00
Date of Receipt 10 / 14 / 2008
Transaction ID: 81016.C3424
Amount of Each Receipt this Period 100.00
Memo
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
[MEMO ITEM]
Partnership->Donnelly Heating Maintenance, LLC

SUBTOTAL of Receipts This Page (optional) ► 200.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A.

Full Name (Last, First, Middle Initial)
Barbie Doyle

Mailing Address 222 North St

City Plymouth State CT Zip Code 06782-2023

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

Name of Employer Richards Corp. Occupation Accounts Receivable

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2008

Transaction ID: 81016.C3350

Amount of Each Receipt this Period 1000.00

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

B.

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

Mailing Address 35 Quail Run

City Harwinton State CT Zip Code 06791-2828

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

Name of Employer Richards Corp. Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2008

Transaction ID: 81016.C3351

Amount of Each Receipt this Period 1000.00

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

C.

Full Name (Last, First, Middle Initial)
Nicholas Fanelli

Mailing Address 9 Laurel Way

City Norfolk State CT Zip Code 06058-1181

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

Name of Employer Raynard & Pierce Occupation Insurance

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2225.00

Date of Receipt 10 / 09 / 2008

Transaction ID: 81016.C3343

Amount of Each Receipt this Period 75.00

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

SUBTOTAL of Receipts This Page (optional) ► **2075.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A. Full Name (Last, First, Middle Initial)
Jacqueline Ferguson
Mailing Address PO Box 430
City Plainville State CT Zip Code 06062-0430
FEC ID number of contributing federal political committee. **C**
Name of Employer Ferguson Mechanical Co. Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 09 / 2008
Transaction ID: 81016.C3355
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jill L. Finch
Mailing Address 6 Pepper Pond Rd. Box 366
City Sherman State CT Zip Code 06784
FEC ID number of contributing federal political committee. **C**
Name of Employer Information Requested Occupation Homemaker
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 15 / 2008
Transaction ID: 81023.C3472
Amount of Each Receipt this Period 200.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Paul Garavel
Mailing Address 27 Sunset Dr
City Danbury State CT Zip Code 06810-7503
FEC ID number of contributing federal political committee. **C**
Name of Employer Subaru of Wilton Occupation President
Receipt For: 2008 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
Date of Receipt 10 / 06 / 2008
Transaction ID: 81023.C3478
Amount of Each Receipt this Period 200.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 1400.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A. Full Name (Last, First, Middle Initial)
Lisa Gillette

Mailing Address 204 N Main St

City Naugatuck State CT Zip Code 06770-3229

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

Name of Employer R & L Acoustics Inc Occupation Exec.

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 09 / 2008
Transaction ID: 81016.C3356
 Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
Thomas A. Guadagno

Mailing Address 7 Maple Row

City Bethel State CT Zip Code 06801

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

Name of Employer Anthonys Catering Occupation Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 10 / 09 / 2008
Transaction ID: 81016.C3364
 Amount of Each Receipt this Period 100.00

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

C. Full Name (Last, First, Middle Initial)
Margot Hall

Mailing Address 5 Nettleton Ave

City Newtown State CT Zip Code 06470-2016

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

Name of Employer Newtown Probate District Occupation Probate Judge

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 10 / 14 / 2008
Transaction ID: 81016.C3426
 Amount of Each Receipt this Period 200.00

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

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Hall

Mailing Address 5 Nettleton Ave

City State Zip Code
Newtown CT 06470-2016

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

Name of Employer Self Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 81016.C3425

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
John M. Hart

Mailing Address 7 Hoplea Rd.

City State Zip Code
Simsbury CT 06070

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

Name of Employer Hart Realty Advisors Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 81016.C3420

Amount of Each Receipt this Period
300.00

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

C.

Full Name (Last, First, Middle Initial)
Fouad Hassan

Mailing Address 111 Deepwood Dr

City State Zip Code
Guilford CT 06437

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

Name of Employer Ritch, Greenberg & Hassan Occupation Cpa

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3337

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 62
(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)
Committee to Elect David Capiello for Congress

A.

Full Name (Last, First, Middle Initial)
Diana Hastings

Mailing Address 66 Topstone Rd

City State Zip Code
Ridgefield CT 06877-3411

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt
MM / DD / YYYY
10 / 14 / 2008

Transaction ID: 81016.C3428

Amount of Each Receipt this Period
250.00

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

B.

Full Name (Last, First, Middle Initial)
Caroline Heiser

Mailing Address 92 Spectacle Ln

City State Zip Code
Ridgefield CT 06877-5715

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt
MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81016.C3365

Amount of Each Receipt this Period
100.00

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

C.

Full Name (Last, First, Middle Initial)
P. Andrew Hendricks

Mailing Address 5512 Bennett Ave

City State Zip Code
Austin TX 78751-1621

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

Name of Employer Information Requested Occupation Information Requested

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

Date of Receipt
MM / DD / YYYY
10 / 14 / 2008

Transaction ID: 81016.C3397

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.

Full Name (Last, First, Middle Initial)
James Jowdy

Mailing Address 4 Overlook Terrace

City Danbury State CT Zip Code 06811

FEC ID number of contributing federal political committee. C

Name of Employer Labor Resources Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 380.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3334

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
John Jowdy

Mailing Address 20 Richter Dr.

City Danbury State CT Zip Code 06811

FEC ID number of contributing federal political committee. C

Name of Employer Jowdy And Jowdy Occupation Attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3331

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Taffy Jowdy

Mailing Address 11 Fairmount Dr

City Danbury State CT Zip Code 06811-4412

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3338

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.

Full Name (Last, First, Middle Initial)
Themis Klarides

Mailing Address 23 East Court

City Derby State CT Zip Code 06418

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

Name of Employer State Of Connecticut Occupation Legislator

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt 10 / 09 / 2008

Transaction ID: 81016.C3376

Amount of Each Receipt this Period 100.00

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

B.

Full Name (Last, First, Middle Initial)
Peter Laskas

Mailing Address 1056 Main St S

City Woodbury State CT Zip Code 06798-3806

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

Name of Employer Self Occupation Real Estate

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2008

Transaction ID: 81016.C3362

Amount of Each Receipt this Period 200.00

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

C.

Full Name (Last, First, Middle Initial)
Theodore Martland

Mailing Address 30 W Main St

City Waterbury State CT Zip Code 06702-2012

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

Name of Employer Retired Occupation Information Requested

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 200.00

Date of Receipt 10 / 09 / 2008

Transaction ID: 81016.C3382

Amount of Each Receipt this Period 100.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A. Full Name (Last, First, Middle Initial)
Jason McCoy

Mailing Address 216 Skinner Rd

City State Zip Code
Vernon Rockville CT 06066-2231

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Attorney

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

400.00

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

Transaction ID: 81023.C3474

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 300 S Gate Ln

City State Zip Code
Southport CT 06890-1456

FEC ID number of contributing federal political committee. C

Name of Employer State Of Ct Occupation Senator

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

1600.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3373

Amount of Each Receipt this Period
100.00

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

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

Mailing Address PO Box 4665

City State Zip Code
Danbury CT 06813

FEC ID number of contributing federal political committee. C

Name of Employer City Of Danbury Occupation Chief Of Staff

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

2760.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3384

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A. Full Name (Last, First, Middle Initial)
Michael McLachlan
Mailing Address PO Box 4665
City Danbury State CT Zip Code 06813
FEC ID number of contributing federal political committee. **C**
Name of Employer City Of Danbury Occupation Chief Of Staff
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2860.00
Date of Receipt 10 / 09 / 2008
Transaction ID: 81016.C3363
Amount of Each Receipt this Period 100.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Michael McPhee
Mailing Address 46 E Hyerdale Dr
City Goshen State CT Zip Code 06756-1820
FEC ID number of contributing federal political committee. **C**
Name of Employer McPhee Electric Occupation Engineer
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
Date of Receipt 10 / 12 / 2008
Transaction ID: 81023.C3470
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Trica Monarca
Mailing Address 249 Haddam Quarter Rd
City Durham State CT Zip Code 06422-1622
FEC ID number of contributing federal political committee. **C**
Name of Employer Monarca Construction Occupation Exec.
Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 10 / 09 / 2008
Transaction ID: 81016.C3357
Amount of Each Receipt this Period 1000.00
Receipt
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► 2100.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A.

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

Mailing Address 21 Summit St.

City State Zip Code
New Milford CT 06776

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Developer/investor

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4426.54

Date of Receipt MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81016.C3387

Amount of Each Receipt this Period 200.00

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

B.

Full Name (Last, First, Middle Initial)
Michael J. Nahom

Mailing Address 18 Hickory Hearth Lane

City State Zip Code
New Milford CT 06776

FEC ID number of contributing federal political committee. C

Name of Employer Eastern Connector Occupation
President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 550.00

Date of Receipt MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81016.C3386

Amount of Each Receipt this Period 100.00

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

C.

Full Name (Last, First, Middle Initial)
Kathleen Oconnor

Mailing Address 94 Garfield Rd

City State Zip Code
West Hartford CT 06107-2910

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt MM / DD / YYYY
10 / 09 / 2008

Transaction ID: 81016.C3368

Amount of Each Receipt this Period 250.00

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

SUBTOTAL of Receipts This Page (optional) 550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A. Full Name (Last, First, Middle Initial)
Robert Patricelli

Mailing Address 77 Hartford Rd.

City State Zip Code
Simsbury CT 06070

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

Name of Employer: Womens Health Occupation: Executive

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

Date of Receipt: 10 / 09 / 2008
Transaction ID: 81016.C3353
Amount of Each Receipt this Period: 1800.00

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

4050.00

B. Full Name (Last, First, Middle Initial)
Nicholas Perricone

Mailing Address 639 Research Pkwy

City State Zip Code
Meriden CT 06450-7154

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

Name of Employer: NV Perricone, LLC Occupation: Executive

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

Date of Receipt: 10 / 09 / 2008
Transaction ID: 81023.C3469
Amount of Each Receipt this Period: 1000.00

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

3300.00

C. Full Name (Last, First, Middle Initial)
Lynn Pinkham

Mailing Address 27 Turkey Hill Rd. N.

City State Zip Code
Westport CT 06880

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

Name of Employer: Lva-danbury Occupation: Asst. Director

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

Date of Receipt: 10 / 14 / 2008
Transaction ID: 81016.C3422
Amount of Each Receipt this Period: 100.00

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

500.00

SUBTOTAL of Receipts This Page (optional) ► 2900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d (check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 22 / 62
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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Mary Lou Sanders	Date of Receipt MM / DD / YYYY 10 / 15 / 2008
	Mailing Address 322 Glen St.	Transaction ID: 81016.C3453
	City State Zip Code New Britain CT 06051	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Senate Gop Office	Occupation Health Care Consultant	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Scott Senete	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 7 Squire Ct	Transaction ID: 81016.C3381
	City State Zip Code Brookfield CT 06804-3727	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Union Savings Bank	Occupation Loan Officer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Robert R. Simmons	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address PO Box 268	Transaction ID: 81016.C3403
	City State Zip Code Stonington CT 06378	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer State Of Ct	Occupation Business Advocate	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1900.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 62

(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.

Full Name (Last, First, Middle Initial)
Ramon Sous

Mailing Address 10 Quail Court

City State Zip Code
Shelton CT 06484

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Ramon S. Sous Law Offices Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2008

Transaction ID: 81016.C3371

Amount of Each Receipt this Period
100.00

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

B.

Full Name (Last, First, Middle Initial)
John Tuozzolo

Mailing Address PO Box 298

City State Zip Code
Falls Village CT 06031-0298

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Information Requested Attorney

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 14 / 2008

Transaction ID: 81016.C3400

Amount of Each Receipt this Period
250.00

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

C.

Full Name (Last, First, Middle Initial)
Robert Turner

Mailing Address 99 Grove St

City State Zip Code
Cheshire CT 06410-2402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Tucker Mechanical President

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2008

Transaction ID: 81016.C3366

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) 1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A.

Full Name (Last, First, Middle Initial)
Anthony Vallillo

Mailing Address 534 Putting Green Ln

City State Zip Code
Oxford CT 06478-3129

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

Name of Employer Information Requested Occupation Information Requested

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

200.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 8

Transaction ID: 81016.C3427

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	19650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A. Full Name (Last, First, Middle Initial)
Mike R Fund

Mailing Address Po Box 2485

City Springfield State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00370791

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt 10 / 14 / 2008

Transaction ID: 81016.C3396

Amount of Each Receipt this Period 1000.00

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

B. Full Name (Last, First, Middle Initial)
New PAC

Mailing Address PO Box 7480

City Visalia State CA Zip Code 93290

FEC ID number of contributing federal political committee. **C** C00398750

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 10 / 14 / 2008

Transaction ID: 81016.C3399

Amount of Each Receipt this Period 2000.00

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

C. Full Name (Last, First, Middle Initial)
NSSGA ROCKPAC

Mailing Address 1605 King St

City Alexandria State VA Zip Code 22314-2726

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2008

Transaction ID: 81016.C3451

Amount of Each Receipt this Period 1000.00

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

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 62
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.

Full Name (Last, First, Middle Initial)
Republicans Womens Club of Plymouth

Mailing Address 297 Scott Rd

City State Zip Code
Terryville CT 06786-5723

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 0 / 1 5 / 2 0 0 8

Transaction ID: 81016.C3450

Amount of Each Receipt this Period
500.00

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

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	4500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 62
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.

Full Name (Last, First, Middle Initial)
Torrington RTC

Mailing Address 134 Lexington Ave

City State Zip Code
Torrington CT 06790-3483

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: 81016.C3354

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A. Full Name (Last, First, Middle Initial) Advantage Payroll Mailing Address 75 Glen Rd. City Sandy Hook State CT Zip Code 06482- Purpose of Disbursement payroll expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1070 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 51.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL EXPENSE

B. Full Name (Last, First, Middle Initial) Advantage Payroll Mailing Address 75 Glen Rd. City Sandy Hook State CT Zip Code 06482- Purpose of Disbursement payroll expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E1168 Date of Disbursement 10 / 15 / 2008
	Amount of Each Disbursement this Period 46.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PAYROLL EXPENSE

C. Full Name (Last, First, Middle Initial) Alexandra Almour Mailing Address 38 Lakewood Dr City Denville State NJ Zip Code 07834-2818 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1065 Date of Disbursement 10 / 01 / 2008
	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

SUBTOTAL of Disbursements This Page (optional) ▶	2097.60
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Alexandra Almour	Transaction ID: 81013.E1053 Date of Disbursement 10 / 02 / 2008
	Mailing Address 38 Lakewood Dr	Amount of Each Disbursement this Period 29.64
	City Denville State NJ Zip Code 07834-2818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	REIMBURSEMENT: SEE BELOW
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81013.E1055 Date of Disbursement 09 / 28 / 2008
	Mailing Address 113 Mill Plain Rd Ste 2	Amount of Each Disbursement this Period 29.64
	City Danbury State CT Zip Code 06811-5278	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement office supplies Candidate Name	[MEMO ITEM] MEMO: OFFICE SUPPLIES
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Alexandra Almour	Transaction ID: 81015.E1162 Date of Disbursement 10 / 15 / 2008
	Mailing Address 38 Lakewood Dr	Amount of Each Disbursement this Period 2000.00
	City Denville State NJ Zip Code 07834-2818	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name	SALARY
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2029.64
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 1270 City Newark State NJ Zip Code 07101-1270 Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1059 Date of Disbursement 10 / 02 / 2008 Amount of Each Disbursement this Period 10422.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 REIMBURSEMENT: SEE BELOW
B.	Full Name (Last, First, Middle Initial) Balloons Tomorrow Mailing Address 3590 Utah Ave NE City Iowa City State IA Zip Code 52240-8052 Purpose of Disbursement campaign suppliee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1157 Date of Disbursement 09 / 24 / 2008 Amount of Each Disbursement this Period 390.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN SUPPLIEE
C.	Full Name (Last, First, Middle Initial) Costco Mailing Address 200 Federal Rd City Brookfield State CT Zip Code 06804-2514 Purpose of Disbursement campaign supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1075 Date of Disbursement 08 / 28 / 2008 Amount of Each Disbursement this Period 161.91 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ▶

10422.39

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Costco Mailing Address 200 Federal Rd City Brookfield State CT Zip Code 06804-2514 Purpose of Disbursement campaign supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1076 Date of Disbursement 09 / 06 / 2008 Amount of Each Disbursement this Period 207.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPQAIN SUPPLIES
B.	Full Name (Last, First, Middle Initial) Dollar Rent a Car Mailing Address Minneapolis/St. Paul Airport City State MN Zip Code 55450- Purpose of Disbursement travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1133 Date of Disbursement 09 / 06 / 2008 Amount of Each Disbursement this Period 545.29 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
C.	Full Name (Last, First, Middle Initial) Domain Names Mailing Address 14455 N Hayden Rd Ste 210 Suite 210 City Scottsdale State AZ Zip Code 85260-6947 Purpose of Disbursement internet host Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1144 Date of Disbursement 09 / 12 / 2008 Amount of Each Disbursement this Period 36.95 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: INTERNET HOST

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect David Capiello for Congress

A. Domain Names	Full Name (Last, First, Middle Initial)	Transaction ID: 81013.E1145	
	Mailing Address 14455 N Hayden Rd Ste 210 Suite 210	Date of Disbursement 09 / 12 / 2008	
	City Scottsdale State AZ Zip Code 85260-6947	Amount of Each Disbursement this Period 36.95	
	Purpose of Disbursement internet host	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	[MEMO ITEM] MEMO: INTERNET HOST	
	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	

B. Domain Names	Full Name (Last, First, Middle Initial)	Transaction ID: 81013.E1143	
	Mailing Address 14455 N Hayden Rd Ste 210 Suite 210	Date of Disbursement 09 / 25 / 2008	
	City Scottsdale State AZ Zip Code 85260-6947	Amount of Each Disbursement this Period 36.95	
	Purpose of Disbursement internet host	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	[MEMO ITEM] MEMO: INTERNET HOST	
	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	

C. Domain Names	Full Name (Last, First, Middle Initial)	Transaction ID: 81013.E1142	
	Mailing Address 14455 N Hayden Rd Ste 210 Suite 210	Date of Disbursement 09 / 25 / 2008	
	City Scottsdale State AZ Zip Code 85260-6947	Amount of Each Disbursement this Period 21.95	
	Purpose of Disbursement internet hosting	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Candidate Name	[MEMO ITEM] MEMO: INTERNET HOSTING	
	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	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Dunkin Donuts Mailing Address 2 Lake Avenue Ext City Danbury State CT Zip Code 06811-5248 Purpose of Disbursement volunteer food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1152 Date of Disbursement 09 / 01 / 2008 Amount of Each Disbursement this Period 239.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: VOLUNTEER FOOD
B.	Full Name (Last, First, Middle Initial) Express fuels Mailing Address 25 Mill Plain Rd. City Danbury State CT Zip Code 06811- Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1137 Date of Disbursement 09 / 10 / 2008 Amount of Each Disbursement this Period 37.98 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
C.	Full Name (Last, First, Middle Initial) Express fuels Mailing Address 25 Mill Plain Rd. City Danbury State CT Zip Code 06811- Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1138 Date of Disbursement 09 / 21 / 2008 Amount of Each Disbursement this Period 40.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect David Capiello for Congress

A.

Full Name (Last, First, Middle Initial)
Exxon Mobil

Mailing Address 40 Backus Ave

City Danbury State CT Zip Code 06810-7329

Purpose of Disbursement gas

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81013.E1094
Date of Disbursement: 09 / 10 / 2008

Amount of Each Disbursement this Period: 50.00

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

[MEMO ITEM]
MEMO: GAS

B.

Full Name (Last, First, Middle Initial)
Exxon Mobil

Mailing Address 40 Backus Ave

City Danbury State CT Zip Code 06810-7329

Purpose of Disbursement gas

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81013.E1091
Date of Disbursement: 09 / 16 / 2008

Amount of Each Disbursement this Period: 57.19

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

[MEMO ITEM]
MEMO: GAS

C.

Full Name (Last, First, Middle Initial)
Exxon Mobil

Mailing Address 40 Backus Ave

City Danbury State CT Zip Code 06810-7329

Purpose of Disbursement gas

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 81013.E1090
Date of Disbursement: 09 / 15 / 2008

Amount of Each Disbursement this Period: 58.00

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

[MEMO ITEM]
MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Exxon Mobil Mailing Address 40 Backus Ave City Danbury State CT Zip Code 06810-7329 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1095 Date of Disbursement 09 / 19 / 2008 Amount of Each Disbursement this Period 46.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
B.	Full Name (Last, First, Middle Initial) Exxon Mobil Mailing Address 40 Backus Ave City Danbury State CT Zip Code 06810-7329 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1096 Date of Disbursement 09 / 23 / 2008 Amount of Each Disbursement this Period 42.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
C.	Full Name (Last, First, Middle Initial) Exxon Mobil Mailing Address 40 Backus Ave City Danbury State CT Zip Code 06810-7329 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1092 Date of Disbursement 08 / 30 / 2008 Amount of Each Disbursement this Period 51.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Exxon Mobil Mailing Address 40 Backus Ave City Danbury State CT Zip Code 06810-7329 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1093 Date of Disbursement 09 / 07 / 2008 Amount of Each Disbursement this Period 45.17 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS
B.	Full Name (Last, First, Middle Initial) Holiday Inn Mailing Address 11801 Fountains Way City Maple Grove State MN Zip Code 55369-7203 Purpose of Disbursement traevl Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1131 Date of Disbursement 09 / 05 / 2008 Amount of Each Disbursement this Period 960.51 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAEVL
C.	Full Name (Last, First, Middle Initial) LaGuardia Airport Parking Mailing Address 22-61 94th St. East Elmhurst City NY State NY Zip Code 11369- Purpose of Disbursement airport parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1130 Date of Disbursement 09 / 05 / 2008 Amount of Each Disbursement this Period 120.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: AIRPORT PARKING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Maggie McFlys	Transaction ID: 81013.E1153
	Mailing Address 971 Main St S	Date of Disbursement 09 / 01 / 2008
	City Southbury State CT Zip Code 06488-2156	Amount of Each Disbursement this Period 103.85
	Purpose of Disbursement food and beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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:	[MEMO ITEM] MEMO: FOOD AND BEVERAGE

B.	Full Name (Last, First, Middle Initial) North West Airlines	Transaction ID: 81013.E1127
	Mailing Address 7500 Airline Dr	Date of Disbursement 09 / 04 / 2008
	City Minneapolis State MN Zip Code 55450-1101	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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:	[MEMO ITEM] MEMO: TRAVEL

C.	Full Name (Last, First, Middle Initial) North West Airlines	Transaction ID: 81013.E1128
	Mailing Address 7500 Airline Dr	Date of Disbursement 09 / 05 / 2008
	City Minneapolis State MN Zip Code 55450-1101	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement travel	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	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:	[MEMO ITEM] MEMO: TRAVEL

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) North West Airlines	Transaction ID: 81013.E1124 Date of Disbursement 09 / 01 / 2008
	Mailing Address 7500 Airline Dr	Amount of Each Disbursement this Period 20.00
	City Minneapolis State MN Zip Code 55450-1101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
	Purpose of Disbursement travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) North West Airlines	Transaction ID: 81013.E1125 Date of Disbursement 09 / 01 / 2008
	Mailing Address 7500 Airline Dr	Amount of Each Disbursement this Period 25.00
	City Minneapolis State MN Zip Code 55450-1101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
	Purpose of Disbursement travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) North West Airlines	Transaction ID: 81013.E1126 Date of Disbursement 09 / 04 / 2008
	Mailing Address 7500 Airline Dr	Amount of Each Disbursement this Period 307.00
	City Minneapolis State MN Zip Code 55450-1101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TRAVEL
	Purpose of Disbursement travel Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Cappiello for Congress

A.	Full Name (Last, First, Middle Initial) Party Depot Mailing Address 43 South St City Danbury State CT Zip Code 06810-8147 Purpose of Disbursement campaign supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1147 Date of Disbursement 09 / 12 / 2008 Amount of Each Disbursement this Period 21.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN SUPPLIES	
B.	Full Name (Last, First, Middle Initial) Party Depot Mailing Address 43 South St City Danbury State CT Zip Code 06810-8147 Purpose of Disbursement campaign supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1146 Date of Disbursement 09 / 12 / 2008 Amount of Each Disbursement this Period 63.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN SUPPLIES	
C.	Full Name (Last, First, Middle Initial) Party Depot Mailing Address 43 South St City Danbury State CT Zip Code 06810-8147 Purpose of Disbursement campaign supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1148 Date of Disbursement 08 / 27 / 2008 Amount of Each Disbursement this Period 201.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN SUPPLIES	

SUBTOTAL of Disbursements This Page (optional)	0.00
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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)

<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)
Committee to Elect David Cappiello for Congress

A.	Full Name (Last, First, Middle Initial) Party Depot	Transaction ID: 81013.E1149 Date of Disbursement 09 / 06 / 2008
	Mailing Address 43 South St	Amount of Each Disbursement this Period 148.38
	City Danbury State CT Zip Code 06810-8147	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: CAMPAIGN SUPPLIES
	Purpose of Disbursement campaign supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rosy Tomorrows	Transaction ID: 81013.E1139 Date of Disbursement 09 / 19 / 2008
	Mailing Address 15 Old Mill Plain Rd Ste 1	Amount of Each Disbursement this Period 63.73
	City Danbury State CT Zip Code 06811-4271	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD
	Purpose of Disbursement food Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Rosy Tomorrows	Transaction ID: 81013.E1140 Date of Disbursement 09 / 04 / 2008
	Mailing Address 15 Old Mill Plain Rd Ste 1	Amount of Each Disbursement this Period 67.00
	City Danbury State CT Zip Code 06811-4271	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD
	Purpose of Disbursement food Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Spasi Restaurant Mailing Address 39 Mill Plain Rd City Danbury State CT Zip Code 06811-5191 Purpose of Disbursement food and beverage Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81013.E1117 Date of Disbursement 08 / 28 / 2008 Amount of Each Disbursement this Period 254.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FOOD AND BEVERAGE
B.	Full Name (Last, First, Middle Initial) Staples Mailing Address 113 Mill Plain Rd Ste 2 City Danbury State CT Zip Code 06811-5278 Purpose of Disbursement office supplies Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81013.E1101 Date of Disbursement 09 / 25 / 2008 Amount of Each Disbursement this Period 269.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
C.	Full Name (Last, First, Middle Initial) Staples Mailing Address 113 Mill Plain Rd Ste 2 City Danbury State CT Zip Code 06811-5278 Purpose of Disbursement office supplies Candidate Name <input type="text"/> Category/Type <input type="text"/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 81013.E1102 Date of Disbursement 08 / 29 / 2008 Amount of Each Disbursement this Period 31.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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)
Committee to Elect David Cappiello for Congress

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81013.E1103 Date of Disbursement 09 / 22 / 2008
	Mailing Address 113 Mill Plain Rd Ste 2	Amount of Each Disbursement this Period 45.46
	City Danbury State CT Zip Code 06811-5278	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81013.E1098 Date of Disbursement 09 / 16 / 2008
	Mailing Address 113 Mill Plain Rd Ste 2	Amount of Each Disbursement this Period 34.86
	City Danbury State CT Zip Code 06811-5278	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 81013.E1104 Date of Disbursement 09 / 24 / 2008
	Mailing Address 113 Mill Plain Rd Ste 2	Amount of Each Disbursement this Period 86.90
	City Danbury State CT Zip Code 06811-5278	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES
	Purpose of Disbursement office supplies Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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<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)
Committee to Elect David Capiello for Congress

A. Full Name (Last, First, Middle Initial) Staples Mailing Address 113 Mill Plain Rd Ste 2 City Danbury State CT Zip Code 06811-5278 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1100 Date of Disbursement 09 / 19 / 2008
	Amount of Each Disbursement this Period 63.59 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

B. Full Name (Last, First, Middle Initial) Staples Mailing Address 113 Mill Plain Rd Ste 2 City Danbury State CT Zip Code 06811-5278 Purpose of Disbursement office supplies Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1097 Date of Disbursement 09 / 16 / 2008
	Amount of Each Disbursement this Period 13.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: OFFICE SUPPLIES

C. Full Name (Last, First, Middle Initial) Staples Mailing Address 113 Mill Plain Rd Ste 2 City Danbury State CT Zip Code 06811-5278 Purpose of Disbursement gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1099 Date of Disbursement 09 / 16 / 2008
	Amount of Each Disbursement this Period 42.33 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GAS

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Starbucks	Transaction ID: 81013.E1122
	Mailing Address 113 Mill Plain Rd	Date of Disbursement 09 / 17 / 2008
	City Danbury State CT Zip Code 06811-5277	Amount of Each Disbursement this Period 200.76
	Purpose of Disbursement beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: BEVERAGE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Starbucks	Transaction ID: 81013.E1121
	Mailing Address 113 Mill Plain Rd	Date of Disbursement 08 / 30 / 2008
	City Danbury State CT Zip Code 06811-5277	Amount of Each Disbursement this Period 108.64
	Purpose of Disbursement beverage	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: BEVERAGE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Superior Cleaners	Transaction ID: 81013.E1151
	Mailing Address 36 Kenosia Ave.	Date of Disbursement 08 / 31 / 2008
	City State Zip Code	Amount of Each Disbursement this Period 341.05
	Purpose of Disbursement dry cleaning	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name	[MEMO ITEM] MEMO: DRY CLEANING
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) US Post Office		Transaction ID: 81013.E1082 Date of Disbursement																					
	Mailing Address Ann St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	8		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	8		2	0	0	8														
City Hartford State CT Zip Code 06103-9991		Amount of Each Disbursement this Period																						
Purpose of Disbursement postage		<table border="1"> <tr> <td colspan="10">45.36</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		45.36																				
45.36																								
Candidate Name		Category/Type		[MEMO ITEM] MEMO: POSTAGE																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:		<input type="checkbox"/> Other (specify) ▼																						

B.	Full Name (Last, First, Middle Initial) US Post Office		Transaction ID: 81013.E1085 Date of Disbursement																					
	Mailing Address Ann St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		2	7		2	0	0	8														
City Hartford State CT Zip Code 06103-9991		Amount of Each Disbursement this Period																						
Purpose of Disbursement postage		<table border="1"> <tr> <td colspan="10">8.44</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		8.44																				
8.44																								
Candidate Name		Category/Type		[MEMO ITEM] MEMO: POSTAGE																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:		<input type="checkbox"/> Other (specify) ▼																						

C.	Full Name (Last, First, Middle Initial) US Post Office		Transaction ID: 81013.E1083 Date of Disbursement																					
	Mailing Address Ann St.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	9		2	0	0	8														
City Hartford State CT Zip Code 06103-9991		Amount of Each Disbursement this Period																						
Purpose of Disbursement postage		<table border="1"> <tr> <td colspan="10">1050.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		1050.00																				
1050.00																								
Candidate Name		Category/Type		[MEMO ITEM] MEMO: POSTAGE																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																						
State: District:		<input type="checkbox"/> Other (specify) ▼																						

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) US Post Office		Transaction ID: 81013.E1079	
	Mailing Address Ann St.		Date of Disbursement 09 / 05 / 2008	
	City Hartford	State CT	Zip Code 06103-9991	Amount of Each Disbursement this Period 6.70
	Purpose of Disbursement postage		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE		

B.	Full Name (Last, First, Middle Initial) US Post Office		Transaction ID: 81013.E1084	
	Mailing Address Ann St.		Date of Disbursement 09 / 25 / 2008	
	City Hartford	State CT	Zip Code 06103-9991	Amount of Each Disbursement this Period 168.00
	Purpose of Disbursement postage		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE		

C.	Full Name (Last, First, Middle Initial) US Post Office		Transaction ID: 81013.E1081	
	Mailing Address Ann St.		Date of Disbursement 09 / 17 / 2008	
	City Hartford	State CT	Zip Code 06103-9991	Amount of Each Disbursement this Period 1680.00
	Purpose of Disbursement postage		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] MEMO: POSTAGE		

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Committee to Elect David Capiello for Congress

A. Full Name (Last, First, Middle Initial) US Post Office Mailing Address Ann St. City Hartford State CT Zip Code 06103-9991 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1080 Date of Disbursement 09 / 05 / 2008
	Amount of Each Disbursement this Period 9.21
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: POSTAGE

B. Full Name (Last, First, Middle Initial) US Post Office Mailing Address Ann St. City Hartford State CT Zip Code 06103-9991 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1086 Date of Disbursement 09 / 22 / 2008
	Amount of Each Disbursement this Period 546.00
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: POSTAGE

C. Full Name (Last, First, Middle Initial) Vonage America Mailing Address 23 Main St City Holmdel State NJ Zip Code 07733-2136 Purpose of Disbursement phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1105 Date of Disbursement 09 / 21 / 2008
	Amount of Each Disbursement this Period 31.31
	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	[MEMO ITEM] MEMO: PHONE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect David Cappiello for Congress

A.

Full Name (Last, First, Middle Initial)
Vonage America

Mailing Address 23 Main St

City State Zip Code
Holmdel NJ 07733-2136

Purpose of Disbursement
phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81013.E1109
Date of Disbursement

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

Amount of Each Disbursement this Period

31.31

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

[MEMO ITEM]
MEMO: PHONE

B.

Full Name (Last, First, Middle Initial)
Vonage America

Mailing Address 23 Main St

City State Zip Code
Holmdel NJ 07733-2136

Purpose of Disbursement
phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81013.E1110
Date of Disbursement

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

Amount of Each Disbursement this Period

31.31

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

[MEMO ITEM]
MEMO: PHONE

C.

Full Name (Last, First, Middle Initial)
Vonage America

Mailing Address 23 Main St

City State Zip Code
Holmdel NJ 07733-2136

Purpose of Disbursement
phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81013.E1107
Date of Disbursement

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

Amount of Each Disbursement this Period

31.31

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

[MEMO ITEM]
MEMO: PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL 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)

<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)
Committee to Elect David Cappiello for Congress

A.

Full Name (Last, First, Middle Initial)
Vonage America

Mailing Address 23 Main St

City State Zip Code
Holmdel NJ 07733-2136

Purpose of Disbursement
phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81013.E1111
Date of Disbursement

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

Amount of Each Disbursement this Period

31.31

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

[MEMO ITEM]
MEMO: PHONE

B.

Full Name (Last, First, Middle Initial)
Vonage America

Mailing Address 23 Main St

City State Zip Code
Holmdel NJ 07733-2136

Purpose of Disbursement
phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81013.E1106
Date of Disbursement

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

Amount of Each Disbursement this Period

31.31

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

[MEMO ITEM]
MEMO: PHONE

C.

Full Name (Last, First, Middle Initial)
Vonage America

Mailing Address 23 Main St

City State Zip Code
Holmdel NJ 07733-2136

Purpose of Disbursement
phone

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 81013.E1108
Date of Disbursement

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

Amount of Each Disbursement this Period

31.31

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

[MEMO ITEM]
MEMO: PHONE

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL 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)

<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)
Committee to Elect David Cappiello for Congress

A.	Full Name (Last, First, Middle Initial) Vonage America <hr/> Mailing Address 23 Main St <hr/> City Holmdel State NJ Zip Code 07733-2136 <hr/> Purpose of Disbursement phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1112 Date of Disbursement 09 / 23 / 2008	Amount of Each Disbursement this Period 31.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE
B.	Full Name (Last, First, Middle Initial) Vonage America <hr/> Mailing Address 23 Main St <hr/> City Holmdel State NJ Zip Code 07733-2136 <hr/> Purpose of Disbursement phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1113 Date of Disbursement 09 / 23 / 2008	Amount of Each Disbursement this Period 31.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE
C.	Full Name (Last, First, Middle Initial) Vonage America <hr/> Mailing Address 23 Main St <hr/> City Holmdel State NJ Zip Code 07733-2136 <hr/> Purpose of Disbursement phone Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1114 Date of Disbursement 09 / 23 / 2008	Amount of Each Disbursement this Period 31.31 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: PHONE

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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)
Committee to Elect David Capiello for Congress

A.

Full Name (Last, First, Middle Initial)
Aristotle

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1182

Purpose of Disbursement
data storage

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81013.E1047
Date of Disbursement

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

Amount of Each Disbursement this Period

3	2	0	0	.	0	0
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Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

DATA STORAGE

B.

Full Name (Last, First, Middle Initial)
Automated Mailmen

Mailing Address 104 N Main St

City Beacon Falls State CT Zip Code 06403-1181

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81013.E1045
Date of Disbursement

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

Amount of Each Disbursement this Period

1	4	6	2	.	8	0
---	---	---	---	---	---	---

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

PRINTING

C.

Full Name (Last, First, Middle Initial)
Automated Mailmen

Mailing Address 104 N Main St

City Beacon Falls State CT Zip Code 06403-1181

Purpose of Disbursement
printing

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 81013.E1046
Date of Disbursement

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

Amount of Each Disbursement this Period

3	6	1	.	4	6
---	---	---	---	---	---

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

PRINTING

SUBTOTAL of Disbursements This Page (optional)

5	0	2	4	.	2	6
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TOTAL 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)

<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Adam R. Bauer	Transaction ID: 81013.E1066 Date of Disbursement 10 / 01 / 2008
	Mailing Address 32 Woodland Hills Road	Amount of Each Disbursement this Period 2000.00
	City Southbury State CT Zip Code 06488-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

B.	Full Name (Last, First, Middle Initial) Adam R. Bauer	Transaction ID: 81015.E1163 Date of Disbursement 10 / 15 / 2008
	Mailing Address 32 Woodland Hills Road	Amount of Each Disbursement this Period 2000.00
	City Southbury State CT Zip Code 06488-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

C.	Full Name (Last, First, Middle Initial) CT Dept of Labor	Transaction ID: 81013.E1074 Date of Disbursement 10 / 01 / 2008
	Mailing Address 200 Folly Brook Blvd	Amount of Each Disbursement this Period 36.43
	City Wethersfield State CT Zip Code 06109-1153	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement State Unemployment Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		STATE UNEMPLOYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

4036.43

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) CT Dept of Labor Mailing Address 200 Folly Brook Blvd City Wethersfield State CT Zip Code 06109-1153 Purpose of Disbursement State Unemployment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E1172 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 36.43 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 STATE UNEMPLOYMENT
B.	Full Name (Last, First, Middle Initial) De Lage Landon Finacial Services Mailing Address PO Box 41601 City Philadelphia State PA Zip Code 19101-1601 Purpose of Disbursement copier rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1048 Date of Disbursement 10 / 02 / 2008 Amount of Each Disbursement this Period 202.10 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 COPIER RENTAL
C.	Full Name (Last, First, Middle Initial) Edoantion.com Mailing Address 118 N Saint Asaph St City Alexandria State VA Zip Code 22314-3110 Purpose of Disbursement Credit Card Processing Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81023.E1178 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 345.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CREDIT CARD PROCESSING FEES

SUBTOTAL of Disbursements This Page (optional) ►

584.21

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

<p>A. Full Name (Last, First, Middle Initial) Fabrizio Mclachlin</p> <p>Mailing Address 915 King St Ste 2 2nd Floor</p> <p>City Alexandria State VA Zip Code 22314-3091</p> <p>Purpose of Disbursement polling</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81013.E1063</p> <p>Date of Disbursement 10 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 7400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>POLLING</p>
<p>B. Full Name (Last, First, Middle Initial) FLS Connect LLC</p> <p>Mailing Address 7300 Hudson Blvd N</p> <p>City Saint Paul State MN Zip Code 55128-7141</p> <p>Purpose of Disbursement telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81013.E1042</p> <p>Date of Disbursement 10 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 4318.83</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEMARKETING</p>
<p>C. Full Name (Last, First, Middle Initial) FLS Connect LLC</p> <p>Mailing Address 7300 Hudson Blvd N</p> <p>City Saint Paul State MN Zip Code 55128-7141</p> <p>Purpose of Disbursement telemarketing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81013.E1043</p> <p>Date of Disbursement 10 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 3143.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>TELEMARKETING</p>

SUBTOTAL of Disbursements This Page (optional) ▶

14862.33

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

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

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

FOR LINE NUMBER:
(check only one)

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<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Greener and Hook	Transaction ID: 81013.E1052 Date of Disbursement 10 / 02 / 2008
	Mailing Address 3101 Wilson Blvd, Suite 810	Amount of Each Disbursement this Period 115500.00
	City Arlington State VA Zip Code 22201-4443	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement media flight Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type MEDIA FLIGHT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Greener and Hook	Transaction ID: 81015.E1177 Date of Disbursement 10 / 14 / 2008
	Mailing Address 3101 Wilson Blvd, Suite 810	Amount of Each Disbursement this Period 50000.00
	City Arlington State VA Zip Code 22201-4443	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Media Flight Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type MEDIA FLIGHT
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Katelyn Higgins	Transaction ID: 81013.E1056 Date of Disbursement 10 / 02 / 2008
	Mailing Address 109 Reservoir Rd	Amount of Each Disbursement this Period 45.00
	City Kensington State CT Zip Code 06037-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type REIMBURSEMENT: SEE BELOW
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

165545.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address PO Box 70503 City Charlotte State NC Zip Code 28201-1270 Purpose of Disbursement FICA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1071 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 501.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FICA
B.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address PO Box 70503 City Charlotte State NC Zip Code 28201-1270 Purpose of Disbursement Medicare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1072 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 162.04 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDICARE
C.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address PO Box 70503 City Charlotte State NC Zip Code 28201-1270 Purpose of Disbursement Federal Unemployment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1073 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 9.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEDERAL UNEMPLOYMENT

SUBTOTAL of Disbursements This Page (optional) ▶

673.04

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

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

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

FOR LINE NUMBER:
(check only one)

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<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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address PO Box 70503 City Charlotte State NC Zip Code 28201-1270 Purpose of Disbursement medicare Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E1170 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 125.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 MEDICARE
B.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address PO Box 70503 City Charlotte State NC Zip Code 28201-1270 Purpose of Disbursement Federal unemployment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E1171 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 6.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FEDERAL UNEMPLOYMENT
C.	Full Name (Last, First, Middle Initial) Internal Revenue Service Mailing Address PO Box 70503 City Charlotte State NC Zip Code 28201-1270 Purpose of Disbursement FICA Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E1169 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 537.85 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 FICA

SUBTOTAL of Disbursements This Page (optional) ▶

670.24

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Minuteman Press of Danbury Mailing Address 12 Mill Plain Rd City Danbury State CT Zip Code 06811-5135 Purpose of Disbursement printing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1051 Date of Disbursement 10 / 02 / 2008 Amount of Each Disbursement this Period 484.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 PRINTING
B.	Full Name (Last, First, Middle Initial) Justin Orcott Mailing Address 338 Hillside Ave City Naugatuck State CT Zip Code 06770-2738 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1067 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY
C.	Full Name (Last, First, Middle Initial) Justin Orcott Mailing Address 338 Hillside Ave City Naugatuck State CT Zip Code 06770-2738 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E1164 Date of Disbursement 10 / 15 / 2008 Amount of Each Disbursement this Period 750.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

1984.26

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Power Station Events	Transaction ID: 81013.E1062 Date of Disbursement 10 / 04 / 2008
	Mailing Address 1463 Highland Ave	Amount of Each Disbursement this Period 2684.00
	City Cheshire State CT Zip Code 06410-1216	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement speaker expense Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SPEAKER EXPENSE

B.	Full Name (Last, First, Middle Initial) Peter Sheridan	Transaction ID: 81013.E1068 Date of Disbursement 10 / 01 / 2008
	Mailing Address 52 Spruce St	Amount of Each Disbursement this Period 3500.00
	City Princeton State NJ Zip Code 08542-3812	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

C.	Full Name (Last, First, Middle Initial) Peter Sheridan	Transaction ID: 81015.E1165 Date of Disbursement 10 / 15 / 2008
	Mailing Address 52 Spruce St	Amount of Each Disbursement this Period 3500.00
	City Princeton State NJ Zip Code 08542-3812	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement salary Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		SALARY

SUBTOTAL of Disbursements This Page (optional)	▶	9684.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input 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)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Terrapin Studios Mailing Address 415 Howe Ave City Shelton State CT Zip Code 06484-3166 Purpose of Disbursement Event Photos Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81015.E1175 Date of Disbursement 10 / 08 / 2008 Amount of Each Disbursement this Period 2029.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 EVENT PHOTOS	
B.	Full Name (Last, First, Middle Initial) US Dept of Commerce Mailing Address 1401 Constitution Ave NW City Washington State DC Zip Code 20230-0001 Purpose of Disbursement speaker expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1044 Date of Disbursement 10 / 02 / 2008 Amount of Each Disbursement this Period 456.16 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SPEAKER EXPENSE	
C.	Full Name (Last, First, Middle Initial) US Post Office Mailing Address Ann St. City Hartford State CT Zip Code 06103-9991 Purpose of Disbursement box rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1058 Date of Disbursement 10 / 02 / 2008 Amount of Each Disbursement this Period 95.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 BOX RENTAL	

SUBTOTAL of Disbursements This Page (optional) ▶

2581.06

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Committee to Elect David Capiello for Congress

A.	Full Name (Last, First, Middle Initial) Villa Rosa Mailing Address 380 Farmwood Rd City Waterbury State CT Zip Code 06704-2136 Purpose of Disbursement catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1060 Date of Disbursement 10 / 04 / 2008 Amount of Each Disbursement this Period 7950.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CATERING
B.	Full Name (Last, First, Middle Initial) Villa Rosa Mailing Address 380 Farmwood Rd City Waterbury State CT Zip Code 06704-2136 Purpose of Disbursement sales tax Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1061 Date of Disbursement 10 / 08 / 2008 Amount of Each Disbursement this Period 477.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALES TAX
C.	Full Name (Last, First, Middle Initial) Elissa Voccola Mailing Address 68 Philip Dr City Shelton State CT Zip Code 06484-5131 Purpose of Disbursement salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81013.E1069 Date of Disbursement 10 / 01 / 2008 Amount of Each Disbursement this Period 425.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY

SUBTOTAL of Disbursements This Page (optional) ▶

8852.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<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)
Committee to Elect David Cappiello for Congress

A.	Full Name (Last, First, Middle Initial) Elissa Voccola		Transaction ID: 81015.E1167	
	Mailing Address 68 Philip Dr		Date of Disbursement 10 / 15 / 2008	
	City Shelton	State CT	Zip Code 06484-5131	Amount of Each Disbursement this Period 425.00
	Purpose of Disbursement salary		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		SALARY
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	▶	425.00
TOTAL This Period (last page this line number only)	▶	229471.46