

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

BENJAMIN S. PROTO, JR.
ATTORNEY AT LAW
1877 BROADBRIDGE AVENUE
STRATFORD, CONNECTICUT 06497
(203) 378-9595

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 17 12 53 PM '92

Admitted:
Connecticut
New Hampshire

JUL 20 11:25
HAND DELIVERED

July 13, 1992

Ms. Pat Sheppard
Federal Election Commission
999 E Street NW
Washington DC 20463

RE: Bob Jaekle for U.S. Senate

Dear Ms. Sheppard:

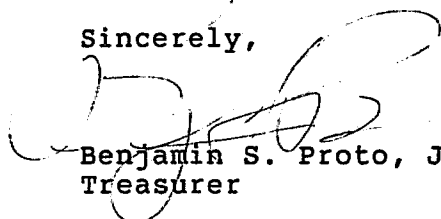
Enclosed please find the Report of Receipts and Disbursements for the above referenced candidate committee which is due July 15, 1992.

As you may be aware, the committee received notice that it had failed to meet the due date of twelve days prior to the convention date. Bob Jaekle officially withdrew as a candidate for the U.S. Senate on June 16, 1992. Therefore, it was our belief that the committee had to file the normal quarterly report due July 15, 1992. I apologize for any inconvenience this may have caused.

Also enclosed is an amended report for the period ending March 31, 1992.

If you have any questions or comments regarding the reports please contact me.

Sincerely,



Benjamin S. Proto, Jr.
Treasurer

Encl.

92020150791

RECEIVED
 SECRETARY OF THE SENATE
 PUBLIC RECORDS
 JUL 20 11:25

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee
 (Summary Page)

RECEIVED
 FEDERAL ELECTION
 COMMISSION
 MAIL ROOM

JUL 17 12 53 PM '92

USE FEC MAILING LABEL
 OR
 TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Bob Jaekle for U.S. Senate		2. FEC IDENTIFICATION NUMBER C00258137
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported. 1877 Broadbridge Avenue		
CITY, STATE and ZIP CODE Stratford CT 06497	STATE/DISTRICT	3. IS THIS REPORT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

4. TYPE OF REPORT

April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid-Year Report (Non-election Year Only)
 Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
 Thirtieth day report following the General Election on _____ in the State of _____
 Termination Report

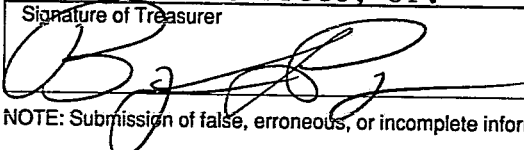
This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>4/1/92</u> through <u>6/30/92</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	15,150.00	53,544.09
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	15,150.00	53,544.09
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).	25,864.81	70,292.82
(b) Total Offsets to Operating Expenditures (from Line 14)	138.59	1,307.34
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a)).	25,726.22	68,985.48
8. Cash on Hand at Close of Reporting Period (from Line 27)	212.61	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-376-3120
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	15,000.00	

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
Benjamin S. Proto, Jr.

Signature of Treasurer  Date **7/13/92**

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

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9 2 0 2 0 1 5 0 7 9 2

DETAILED SUMMARY PAGE

of Receipts and Disbursements

(Page 2, FEC FORM 3)

Name of Committee (in full) Bob Jaekle for U.S. Senate	Report Covering the Period: From: 4/1/92 To: 6/30/92
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9 2 0 2 0 1 5 0 7 9 3

	COLUMN A Total This Period	COLUMN B Calendar Year-To-Date	
I. RECEIPTS			
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees			
(i) Itemized (use Schedule A)	2,035.00		11(a)(i)
(ii) Unitemized	13,115.00		11(a)(ii)
(iii) Total of contributions from individuals	15,150.00	53,294.09	11(a)(iii)
(b) Political Party Committees	0	250.00	11(b)
(c) Other Political Committees (such as PACs)			11(c)
(d) The Candidate			11(d)
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	15,150.00	53,544.09	11(e)
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.			12
13. LOANS:			
(a) Made or Guaranteed by the Candidate	2,000.00	15,000.00	13(a)
(b) All Other Loans			13(b)
(c) TOTAL LOANS (add 13(a) and (b))	2,000.00	15,000.00	13(c)
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	138.59	1,307.34	14
15. OTHER RECEIPTS (Dividends, Interest, etc.)	654.00	654.00	15
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	17,942.59	70,505.43	16
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES	25,864.81	70,292.82	17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.			18
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate			19(a)
(b) Of All Other Loans			19(b)
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))			19(c)
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees			20(a)
(b) Political Party Committees			20(b)
(c) Other Political Committees (such as PACs)			20(c)
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))			20(d)
21. OTHER DISBURSEMENTS			21
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21).	25,864.81	70,292.82	22

III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 8,134.83	23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$ 17,942.59	24
25. SUBTOTAL (add Line 23 and Line 24)	\$ 26,077.42	25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).	\$ 25,864.81	26
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25).	\$ 212.61	27

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	1
FOR LINE NUMBER	

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)

Bob Jaekle For U.S. Senate

92020150794

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hicks B. Waldron 88 Prattling Pond Road Farmington CT 06032	Self Employed	4/8/92	1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Heimbold 25 Leeward Land Riverside CT 06878	Bristol Meyers Co	4/8/92	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Miller 1137 Silasdeane Hwy Wethersfield CT 06109	Close Jensen & Miller	4/10/92	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mildred Jaekle 151 Housatonic Dr Milford CT 06460	Retired	5/12/92	100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 800	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Carten 87 Placid Avenue Stratford CT 06497	Retired	4/18/92	150
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 750	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Fennell 82 D River Bend Road Stratford CT 06497	Self Employed	5/18/92	35
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Deputy Sheriff	Aggregate Year-to-Date > \$ 265	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Furek 25 Belknap Road West Hartford CT 06117	Self Employed	5/18/92	250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2,035

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 7
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

BOB JAEKLE FOR U.S.S ENATE

92020150795

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Angela Rawson Hand Hollow Road East Chatham, NY 12060	Personal Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/92	688.26
B. Full Name, Mailing Address and ZIP Code Staples Office Supplies Dock Shopping Center Stratford, CT 06497	Equipment & Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/3/92	1,643.81
C. Full Name, Mailing Address and ZIP Code Amber Room Danbury CT	Delegate Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/92	150
D. Full Name, Mailing Address and ZIP Code Bridgeport Republican Town Committee 193 Cityview Ave Bridgeport, CT	Advertisemnt Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/92	100
E. Full Name, Mailing Address and ZIP Code Exact Printing 1804 Barnum Avenue Stratford CT 06497	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/92	36.78
F. Full Name, Mailing Address and ZIP Code Amy Turkington 141 Henry Avenue Manchester CT	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/5/92	232.68
G. Full Name, Mailing Address and ZIP Code Marcia Simon Enterprises 41 River Colony Guilford CT 06437	Radio Advertsing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/92	854
H. Full Name, Mailing Address and ZIP Code Ben Proto 1877 Broadbridge Avenue Stratford CT 06497	Equipment Purchase Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/92	178.79
I. Full Name, Mailing Address and ZIP Code Exact Printing 1804 Barnum Avenue Stratford, CT 06497	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/6/92	73.46

SUBTOTAL of Disbursements This Page (optional)

3957.78

TOTAL This Period (last page this line number only)

3957.78

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
Bob Jaekle for U.S. Senate

92020150796

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Postmaster Stratford, CT 06497	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/8/92	38395.
Ben Proto 1877 Broadbridge Avenue Stratford CT 06497	Office Equipment Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	4/8/92	1,218.45
Staples Office Supplies Dock Shopping Center Stratford CT 06497	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/92	81.92
Postmaster Stratford, CT 06497	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/92	145
Englunds Office Supplies Barnum Avenue Stratford CT 06497	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/15/92	25.04
Postmaster Stratford CT 06497	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/17/92	87
Amber Room Danbury CT	Delegate Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/92	100
Metro Data P.O. Box 168 Poestenkill NY 12140	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/92	1,018.04
ASA 1315 Duke Street Alexandria VA 22314	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/92	6,800

SUBTOTAL of Disbursements This Page (optional)	9514.40
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)
Bob Jaekle For U.S. Senate

92020150797

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Commercial Screening P.O. Box 5318 Bridgeport CT 06610	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/92	412.34
B. Full Name, Mailing Address and ZIP Code Waterbury Sheraton Waterbury CT	Delegate Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/23/92	199.97
C. Full Name, Mailing Address and ZIP Code Constance Clark 38 Farmington Chase Farmington CT 06032	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/92	101.89
D. Full Name, Mailing Address and ZIP Code Staples Office Supplies Dock Shopping Ctr Stratford, CT 06497	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/25/92	18.63
E. Full Name, Mailing Address and ZIP Code Postmaster Stratford, CT 06497	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/92	290
F. Full Name, Mailing Address and ZIP Code Karen Wiltsie 15 Third Avenue Stratford, CT 06497	Office Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/27/92	111.24
G. Full Name, Mailing Address and ZIP Code Ramada Inn 100 East River Drive East Hartford CT 06108	Delegate Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/28/92	230.38
H. Full Name, Mailing Address and ZIP Code People's Bank Ryders Landing± Stratford, CT 06497	Service Charge Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/92	1.93
I. Full Name, Mailing Address and ZIP Code Ad Merica 40 Todd Road Shelton CT	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/92	2,000

SUBTOTAL of Disbursements This Page (optional)

3366.38

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Bob Jaekle for U.S. Senate

9202010798

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ramada Inn 100 East River Drive East Hartford CT 06108	Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/92	75
B. Full Name, Mailing Address and ZIP Code Holiday Inn Manchester CT	Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/1/92	250
C. Full Name, Mailing Address and ZIP Code Postmaster Stratford CT 06497	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/2/92	290
D. Full Name, Mailing Address and ZIP Code SNET Bridgeport CT	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/3/92	72.67
E. Full Name, Mailing Address and ZIP Code The Colony 51 Hartford Tnpk Vernon CT 06066	Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/7/92	193.83
F. Full Name, Mailing Address and ZIP Code Waterbury Sheraton Waterbury CT	Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/92	183.64
G. Full Name, Mailing Address and ZIP Code Staples Office Supplies Dock Shopping Ctr Stratford, CT 06497	Supplies Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/92	328.55
H. Full Name, Mailing Address and ZIP Code Postmaster Stratford CT 06497	Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/11/92	769
I. Full Name, Mailing Address and ZIP Code SNET Bridgeport CT	Phone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/92	133.47

SUBTOTAL of Disbursements This Page (optional)	2296.16
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Bob Jaekle For U.S. Senate

92020150799

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
David Hydellund RD 1 Box 23d Valley Falls NY 12185	Graphic Work Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/92	172.38
B. Full Name, Mailing Address and ZIP Code Unique Graphics 1315 Duke Street Alexandria VA 22314	Purpose of Disbursement FED EX charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/92	14
C. Full Name, Mailing Address and ZIP Code ASA 1315 Duke Street Alexandria VA 22314	Purpose of Disbursement FED EX and Phone Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/92	39.60
D. Full Name, Mailing Address and ZIP Code Phil Smith Success Avenue Bridgeport CT	Purpose of Disbursement Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/92	216.58
E. Full Name, Mailing Address and ZIP Code Exatt Printing 1804 Barnum Avenue Stratford CT 06497	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/92	446.95
F. Full Name, Mailing Address and ZIP Code Postmaster Stratford CT 06497	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/23/92	87
G. Full Name, Mailing Address and ZIP Code Postmaster Stratford CT 06497	Purpose of Disbursement Postage Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/92	203
H. Full Name, Mailing Address and ZIP Code Phil Smith Success Avenue Bridgeport CT	Purpose of Disbursement Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/26/92	500
I. Full Name, Mailing Address and ZIP Code SNET Bridgeport CT	Purpose of Disbursement Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/92	159.28

SUBTOTAL of Disbursements This Page (optional)

1838.79

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
 Bob Jaekle for U.S. Senate

92030150800

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LINX New Haven CT	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/92	88.61
B. Full Name, Mailing Address and ZIP Code Ramada Hotel East Hartford CT	Purpose of Disbursement Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/92	78.54
C. Full Name, Mailing Address and ZIP Code Ad Merica 40 Todd Road Shelton CT	Purpose of Disbursement Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/92	500
D. Full Name, Mailing Address and ZIP Code Three Bears Resturant Westport CT	Purpose of Disbursement Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/29/92	420
E. Full Name, Mailing Address and ZIP Code Ramada Inn Mystic CT	Purpose of Disbursement Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/2/92	160.98
F. Full Name, Mailing Address and ZIP Code Peoples Bank Ryders Landing Stratford CT 06497	Purpose of Disbursement Service Charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/1/92	10.80
G. Full Name, Mailing Address and ZIP Code LINX New Haven CT	Purpose of Disbursement Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/92	138.59
H. Full Name, Mailing Address and ZIP Code Sheraton Norwich RTE 395 Norwich CT	Purpose of Disbursement Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/5/92	170.80
I. Full Name, Mailing Address and ZIP Code Avon Old Farms Hotel Rte 44 Avon CT	Purpose of Disbursement Reception Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/92	460.44

SUBTOTAL of Disbursements This Page (optional)	2028.76
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
 Bob Jaekle for U.S Senate

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Phil Smith Success Avenue Bridgeport CT	Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/11/92	125
B. Full Name, Mailing Address and ZIP Code Peoples Bank Ryders Landing Stratford CT 06497	Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/12/92	35
C. Full Name, Mailing Address and ZIP Code Constance Clark Farmington Chase Farmington CT	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/15/92	118
D. Full Name, Mailing Address and ZIP Code SNET Bridgeport CT	Phone Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/92	109
E. Full Name, Mailing Address and ZIP Code Discover Card Greenwood IL	Travel Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/26/92	241.64
F. Full Name, Mailing Address and ZIP Code Exact Printing 1804 Barnum Avenue Stratford CT 06497	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/92	372.91
G. Full Name, Mailing Address and ZIP Code Brew Printing Hancock Street Stratford, CT 06497	Printing Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/92	1139.50
H. Full Name, Mailing Address and ZIP Code People's Bank Ryder's Landing Stratford CT 06497	Service Charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/92	10.02
I. Full Name, Mailing Address and ZIP Code Amy Turkington Henry Street Manchester CT	Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/92	575.00

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SUBTOTAL of Disbursements This Page (optional)	2,726.07
TOTAL This Period (last page this line number only)	25864.81

SCHEDULE C
(Revised 3/80)

LOANS

Name of Committee (in Full) Bob Jaekle For U.S. Senate				
A. Full Name, Mailing Address and ZIP Code of Loan Source Robert G. Jaekle 280 Keating Drive Stratford CT 06497 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Original Amount of Loan PERSONAL \$13,000	Cumulative Payment To Date FUNDS 0	Balance Outstanding at Close of This Period \$15,000
Terms: Date Incurred <u>6/25/92</u> Date Due <u>Demand</u> Interest Rate <u>0</u> %(apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item A				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
B. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ %(apr) <input type="checkbox"/> Secured				
List All Endorsers or Guarantors (if any) to Item B				
1. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
2. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
3. Full Name, Mailing Address and ZIP Code	Name of Employer			
	Occupation			
	Amount Guaranteed Outstanding: \$			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)			\$2,000	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.				

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