

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

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

FOR LINE NUMBER: PAGE 189 / 298
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Chris Dodd

A. Full Name (Last, First, Middle Initial) Nancy Colizzo Mailing Address 120 Georgetown Road City State Zip Code West Newbury MA 01985 FEC ID number of contributing federal political committee. C		Date of Receipt 03 / 30 / 2009 Transaction ID: 90403.C4061 Amount of Each Receipt this Period 2400.00
Name of Employer Occupation Childrens Hospital Boston Physician Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
B. Full Name (Last, First, Middle Initial) Nancy Colizzo Mailing Address 120 Georgetown Road City State Zip Code West Newbury MA 01985 FEC ID number of contributing federal political committee. C		Date of Receipt 03 / 30 / 2009 Transaction ID: 90412.C4350 Amount of Each Receipt this Period 300.00
Name of Employer Occupation Childrens Hospital Boston Physician Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2700.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C. Full Name (Last, First, Middle Initial) Alan Leventhal Mailing Address 200 State Street Fifth Floor City State Zip Code Boston MA 02109 FEC ID number of contributing federal political committee. C		Date of Receipt 03 / 30 / 2009 Transaction ID: 90403.C4066 Amount of Each Receipt this Period 1500.00
Name of Employer Occupation Beacon Capital Partners CEO Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00		Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Page (optional) ▶		4200.00
TOTAL This Period (last page this line number only) ▶		[]

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