

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE PUBLIC RECORDS

03 JUL 12 11:37

Office Use Only

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

Friends of Joe Lieberman

ADDRESS (number and street)

PO Box 231294

Check if different than previously reported (ACC)

Hartford

CT

06123

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT

C00235515

3. IS THIS REPORT NEW OR AMENDED



NEW (N)

OR



AMENDED (A)

CT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

in the State of

5. Covering Period

04

01

2003

through

06

30

2003

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

Type or Print Name of Treasurer

Laura A. Cahill, Deputy Treasurer

Signature of Treasurer

[Handwritten Signature]

Date

07

15

2003

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Joe Lieberman

Report Covering the Period:

From:

MM
04DD
01YYYY
2003

To:

MM
06DD
30YYYY
2003

	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))...	883.00	725714.22
(b) Total Contribution Refunds (from Line 2D(d))...	0.00	590.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	883.00	725124.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)...	13963.33	1449079.73
(b) Total Offsets to Operating Expenditures (from Line 14)...	1972.30	6258.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	11991.03	1442820.92
8. Cash on Hand at Close of Reporting Period (from Line 27)...	369838.07	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
Friends of Joe Lieberman

Report Covering the Period:

From:

MM	DD	YYYY
04	01	2003

To:

MM	DD	YYYY
06	30	2003

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 (see Schedule A)...	250.00	
(ii) Unitemized.....	639.00	
(iii) TOTAL of contributions from individuals... ➔	883.00	707714.22
(b) Political Party Committees...	0.00	0.00
(c) Other Political Committees (such as PACS)...	0.00	18007.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	883.00	725714.22
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES...	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate...	0.00	0.00
(b) All Other Loans...	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))...	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)...	1972.30	6258.81
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	214.36	96852.66
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)... ➔	3088.86	828825.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES....	13983.33	1449079.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate...	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees...	0.00	590.00
(b) Political Party Committees....	0.00	0.00
(c) Other Political Committees (such as PACs)...	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))...	0.00	590.00
21. OTHER DISBURSEMENTS.....	1500.00	108500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	15463.33	1558169.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD....	382031.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)....	3069.66
25. SUBTOTAL (add Line 23 and Line 24)...	385101.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)....	15463.33
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	369638.07

FEC FORM 32-1 (File with Form 3)

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

Name of Candidate Joseph I. Lieberman		Candidate ID Number SBCT00022	
Name of Principal Campaign Committee Friends of Joe Lieberman		Committee ID Number C CD0235515	
Committee Address PO Box 231294			
City Hartford	State CT	ZIP 06123-	
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election			
	Primary	General	
1. Gross receipts of authorized committees .	828825.69	0.00	
2. Aggregate amount of contributions from personal funds of the candidate .	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions .	828825.69	0.00	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 6 / 36	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial)
Daniel Elver

Mailing Address 4621 Balboa Avenue

City Encino State CA Zip Code 91214-

FEC ID number of contributing federal political committee: C

Name of Employer Information Requested: Occupation Information Requested

Receipt For: 2006
 Primary General
 Other (specify):

Aggregate Year-to-Date: 250.00

Date of Receipt
04 / 27 / 2003

Transaction ID: 0702200353C3E237

Amount of Each Receipt This Period
250.00

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 7 / 38
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Ford Motor Credit Company	
Mailing Address P.O. Box 200555	
City Pittsburgh	State Zip Code PA 15257-
FEC ID number of contributing federal political committee. C	
Name of Employer	Occupation
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1972.30

Date of Receipt 06 / 18 / 2008
Transaction ID: 0702200353C3E267
Amount of Each Receipt this Period 1972.30
Offsets to Operating Expenditure <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441e(i)(4)(A)-1)

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

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

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

FOR LINE NUMBER: PAGE 8 / 36
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial)
Peoples Bank

Mailing Address One Financial Plaza

City State Zip Code
Hartford CT 06103

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

Name of Employer n/a Occupation n/a

Receipt For: 2008
 Primary General
 Other (specify)

Aggregate Year-to-Date# 999.60

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: 0702200353C31263

Amount of Each Receipt this Period 6.12

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

B. Full Name (Last, First, Middle Initial)
Peoples Bank

Mailing Address One Financial Plaza

City State Zip Code
Hartford CT 06103

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

Name of Employer n/a Occupation n/a

Receipt For: 2008
 Primary General
 Other (specify)

Aggregate Year-to-Date# 1000.24

Date of Receipt
MM / DD / YYYY
05 / 05 / 2008

Transaction ID: 0702200353C31264

Amount of Each Receipt this Period 0.64

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

C. Full Name (Last, First, Middle Initial)
Solomon Smith Barney Holdings Inc

Mailing Address 388 Greenwich Street

City State Zip Code
New York NY 10013

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

Name of Employer n/a Occupation n/a

Receipt For: 2008
 Primary General
 Other (specify)

Aggregate Year-to-Date# 81324.07

Date of Receipt
MM / DD / YYYY
04 / 17 / 2008

Transaction ID: 0702200353C35252

Amount of Each Receipt this Period 141.27

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

SUBTOTAL of Receipts This Page (optional) 148.03

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38				
	(check only one)	<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Salomon Smith Barney Holdings Inc		Date of Receipt 05 / 05 / 2003	
Mailing Address 388 Greenwich Street		Transaction ID: 0702200353C36255	
City New York	State NY	Zip Code 10013	Amount of Each Receipt this Period 66.33
FEC ID number of contributing federal political committee. C	Other Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))		
Name of Employer n/a	Occupation n/a	Aggregate Year-to-Date 81390.40	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	66.33
TOTAL This Period (last page this line number only)	214.36

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

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

FOR LINE NUMBER (check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial)
CSA Ramo Coffee Service

Mailing Address 656 Franklin Avenue

City Hartford State CT Zip Code 06114-

Purpose of Disbursement beverages

Candidate Name

001
Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)▼

Transaction ID: 0702200353E10067
Date of Disbursement

06 / 12 / 2003

Amount of Each Disbursement this Period

8.28

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

BEVERAGES

B. Full Name (Last, First, Middle Initial)
Cash

Mailing Address PO Box 231294
State House Square

City Hartford State CT Zip Code 06123-

Purpose of Disbursement petty cash

Candidate Name

001
Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)▼

Transaction ID: 0702200353E10035
Date of Disbursement

04 / 14 / 2003

Amount of Each Disbursement this Period

200.00

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

PETTY CASH

C. Full Name (Last, First, Middle Initial)
Cingular Wireless

Mailing Address P.O. Box 9823

City New Haven State CT Zip Code 06536-

Purpose of Disbursement telephone service

Candidate Name

001
Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)▼

Transaction ID: 0702200353E10042
Date of Disbursement

04 / 27 / 2003

Amount of Each Disbursement this Period

257.36

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

TELEPHONE SERVICE

SUBTOTAL of Disbursements This Page (optional)

486.56

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

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Federal Express		Transaction ID: 0702200353E10043 Date of Disbursement 04 / 27 / 2003
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 54.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis	State TN	
Zip Code 38101-	Purpose of Disbursement courier service	COURIER SERVICE
Candidate Name	001 Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	

Full Name (Last, First, Middle Initial) B. Federal Express		Transaction ID: 0702200353E10056 Date of Disbursement 05 / 29 / 2003
Mailing Address P.O. Box 1140		Amount of Each Disbursement this Period 20.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Memphis	State TN	
Zip Code 38101-	Purpose of Disbursement courier service	COURIER SERVICE
Candidate Name	001 Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	

Full Name (Last, First, Middle Initial) C. Hadassah Lieberman		Transaction ID: 0702200353E10048 Date of Disbursement 04 / 27 / 2003
Mailing Address One Constitution Plaza 7th Floor		Amount of Each Disbursement this Period 217.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford	State CT	
Zip Code 06103-	Purpose of Disbursement travel reimbursement	TRAVEL REIMBURSEMENT
Candidate Name	002 Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	

SUBTOTAL of Disbursements This Page (optional)	292.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 12 / 35
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21	

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial) Democratic Conference Luncheon		Transaction ID: 0702200353E10058	
Mailing Address 123 Hart Senate Office		Date of Disbursement 05 / 29 / 2003	
City Washington	State DC	Zip Code 20005-	Amount of Each Disbursement this Period 878.62
Purpose of Disbursement Food and beverages		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		FOOD AND BEVERAGES	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼		
State: District:			

B. Full Name (Last, First, Middle Initial) Department of Revenue Services		Transaction ID: 0702200353E10090	
Mailing Address P.O. Box 5055		Date of Disbursement 04 / 05 / 2003	
City Hartford	State CT	Zip Code 06104-	Amount of Each Disbursement this Period 17.31
Purpose of Disbursement payroll tax		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		PAYROLL TAX	
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:			

C. Full Name (Last, First, Middle Initial) Department of Revenue Services		Transaction ID: 0702200353E10091	
Mailing Address P.O. Box 5055		Date of Disbursement 04 / 20 / 2003	
City Hartford	State CT	Zip Code 06104-	Amount of Each Disbursement this Period 17.31
Purpose of Disbursement payroll tax		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		PAYROLL TAX	
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:			

SUBTOTAL of Disbursements This Page (optional)	713.24
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 35

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

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NAME OF COMMITTEE (In Full)

Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial)
Department of Revenue Services

Mailing Address P.O. Box 5055

City Hartford State CT Zip Code 06104-

Purpose of Disbursement
payroll tax

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)▼

Transaction ID: 0702200353E10092
Date of Disbursement

05 / 05 / 2003

Amount of Each Disbursement this Period

17.31

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

PAYROLL TAX

B. Full Name (Last, First, Middle Initial)
Department of Revenue Services

Mailing Address P.O. Box 5055

City Hartford State CT Zip Code 06104-

Purpose of Disbursement
payroll tax

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)▼

Transaction ID: 0702200353E10093
Date of Disbursement

05 / 20 / 2003

Amount of Each Disbursement this Period

17.31

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

PAYROLL TAX

C. Full Name (Last, First, Middle Initial)
Department of Revenue Services

Mailing Address P.O. Box 5055

City Hartford State CT Zip Code 06104-

Purpose of Disbursement
payroll tax

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)▼

Transaction ID: 0702200353E10094
Date of Disbursement

06 / 05 / 2003

Amount of Each Disbursement this Period

17.31

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

PAYROLL TAX

SUBTOTAL of Disbursements This Page (optional)

51.93

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)				PAGE 14/36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Department of Revenue Services		Transaction ID: 0702200353E10095
Mailing Address P.O. Box 5055		Date of Disbursement 06 / 20 / 2003
City Hartford	State CT	Zip Code 06104-
Purpose of Disbursement payroll tax	Category/Type 001	Amount of Each Disbursement this Period 17.31
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) _____	PAYROLL TAX
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Internal Revenue Service		Transaction ID: 0702200353E10084
Mailing Address Processing Center		Date of Disbursement 04 / 05 / 2003
City Andover	State MA	Zip Code 05501-
Purpose of Disbursement payroll tax	Category/Type 001	Amount of Each Disbursement this Period 159.41
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) _____	PAYROLL TAX
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Internal Revenue Service		Transaction ID: 0702200353E10085
Mailing Address Processing Center		Date of Disbursement 04 / 20 / 2003
City Andover	State MA	Zip Code 05501-
Purpose of Disbursement payroll tax	Category/Type 001	Amount of Each Disbursement this Period 159.41
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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) _____	PAYROLL TAX
State: _____	District: _____	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 15 / 35
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: 0702200353E10080 Date of Disbursement 05 / 05 / 2003
Mailing Address Processing Center		Amount of Each Disbursement this Period 159.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 05501-	Purpose of Disbursement payroll tax Candidate Name Category/Type 001	
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)▼	PAYROLL TAX

B. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: 0702200353E10087 Date of Disbursement 05 / 20 / 2003
Mailing Address Processing Center		Amount of Each Disbursement this Period 159.41 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 05501-	Purpose of Disbursement payroll tax Candidate Name Category/Type 001	
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)▼	PAYROLL TAX

C. Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: 0702200353E10088 Date of Disbursement 06 / 06 / 2003
Mailing Address Processing Center		Amount of Each Disbursement this Period 156.72 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 05501-	Purpose of Disbursement payroll tax Candidate Name Category/Type 001	
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)▼	PAYROLL TAX

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) Internal Revenue Service		Transaction ID: 0702200353E10089 Date of Disbursement 06 / 20 / 2003
Mailing Address Processing Center		Amount of Each Disbursement this Period 151.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Andover State MA Zip Code 05501-	Category/Type 001	
Purpose of Disbursement payroll tax	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	PAYROLL TAX
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

Full Name (Last, First, Middle Initial) Peoples Bank		Transaction ID: 0702200353E10096 Date of Disbursement 04 / 25 / 2003
Mailing Address One Financial Plaza		Amount of Each Disbursement this Period 70.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06103-	Category/Type 001	
Purpose of Disbursement bank fee	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

Full Name (Last, First, Middle Initial) Peoples Bank		Transaction ID: 0702200353E10087 Date of Disbursement 05 / 20 / 2003
Mailing Address One Financial Plaza		Amount of Each Disbursement this Period 73.92 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Hartford State CT Zip Code 06103-	Category/Type DD1	
Purpose of Disbursement bank fee	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	BANK FEE
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Candidate Name	

SUBTOTAL of Disbursements This Page (optional) 296.10

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Peoples Bank		Transaction ID: 0702200353E10098	
Mailing Address One Financial Plaza		Date of Disbursement 06 / 25 / 2003	
City Hartford	State CT	Zip Code 06103-	Amount of Each Disbursement this Period 77.76
Purpose of Disbursement bank fee		Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		BANK FEE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼		
State: District:			

Full Name (Last, First, Middle Initial) B. SNET		Transaction ID: 0702200353E10044	
Mailing Address P.O. Box 1861		Date of Disbursement 04 / 27 / 2003	
City New Haven	State CT	Zip Code 06508-	Amount of Each Disbursement this Period 113.97
Purpose of Disbursement telephone service		Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		TELEPHONE SERVICE	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼		
State: District:			

Full Name (Last, First, Middle Initial) C. SNET		Transaction ID: 0702200353E10038	
Mailing Address P.O. Box 1861		Date of Disbursement 04 / 27 / 2003	
City New Haven	State CT	Zip Code 06508-	Amount of Each Disbursement this Period 96.18
Purpose of Disbursement telephone service		Category/Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		TELEPHONE SERVICE	
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:			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 18 / 33	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. SNET		Transaction ID: 0702200363E10051	
Mailing Address P.O. Box 1861		Date of Disbursement MM / DD / YYYY 05 / 29 / 2003	
City New Haven	State CT	Zip Code 06508-	Amount of Each Disbursement this Period 85.95
Purpose of Disbursement telephone service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)▼	TELEPHONE SERVICE

Full Name (Last, First, Middle Initial) B. Crystal Rock		Transaction ID: 0702200363E10047	
Mailing Address 1050 Buckingham Street		Date of Disbursement MM / DD / YYYY 04 / 27 / 2003	
City Watertown	State CT	Zip Code 06795-	Amount of Each Disbursement this Period 36.95
Purpose of Disbursement office supplies		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)▼	OFFICE SUPPLIES

Full Name (Last, First, Middle Initial) C. Crystal Rock		Transaction ID: 0702200363E10050	
Mailing Address 1050 Buckingham Street		Date of Disbursement MM / DD / YYYY 05 / 29 / 2003	
City Watertown	State CT	Zip Code 06795-	Amount of Each Disbursement this Period 19.00
Purpose of Disbursement office supplies		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)▼	OFFICE SUPPLIES

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. MCI Worldcom		Transaction ID: 0702200353E10041 Date of Disbursement 04 / 27 / 2003	
Mailing Address 1801 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 6.02	
City Washington State DC Zip Code 20006-	Purpose of Disbursement telephone service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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)	TELEPHONE SERVICE	

Full Name (Last, First, Middle Initial) B. MCI Worldcom		Transaction ID: 0702200353E10053 Date of Disbursement 05 / 29 / 2003	
Mailing Address 1801 Pennsylvania Avenue, NW		Amount of Each Disbursement this Period 6.02	
City Washington State DC Zip Code 20008-	Purpose of Disbursement telephone service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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)	TELEPHONE SERVICE	

Full Name (Last, First, Middle Initial) C. CBS Payroll		Transaction ID: 0702200353E10077 Date of Disbursement 04 / 07 / 2003	
Mailing Address 80 Shield Street		Amount of Each Disbursement this Period 30.35	
City W Hartford State CT Zip Code 06110-	Purpose of Disbursement payroll service Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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)	PAYROLL SERVICE	

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

**SCHEDULE B (FEC FormF3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)				PAGE 20/33
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. CBS Payroll		Transaction ID: 0702200353E10078	
Mailing Address 80 Shield Street		Date of Disbursement 04 / 10 / 2003	
City W Hartford	State CT	Zip Code 06110-	Amount of Each Disbursement this Period 23.99
Purpose of Disbursement payroll service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)▼		PAYROLL SERVICE
State: District:			

Full Name (Last, First, Middle Initial) B. CBS Payroll		Transaction ID: 0702200353E10079	
Mailing Address 80 Shield Street		Date of Disbursement 04 / 21 / 2003	
City W Hartford	State CT	Zip Code 06110-	Amount of Each Disbursement this Period 78.83
Purpose of Disbursement payroll service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)▼		PAYROLL SERVICE
State: District:			

Full Name (Last, First, Middle Initial) C. CBS Payroll		Transaction ID: 0702200353E10080	
Mailing Address 80 Shield Street		Date of Disbursement 05 / 05 / 2003	
City W Hartford	State CT	Zip Code 06110-	Amount of Each Disbursement this Period 30.35
Purpose of Disbursement payroll service		Category/ Type 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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)▼		PAYROLL SERVICE
State: District:			

SUBTOTAL of Disbursements This Page (optional)	133.17
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. CBS Payroll		Transaction ID: 0702200353E10081 Date of Disbursement MM / DD / YYYY 05 / 20 / 2003
Mailing Address 80 Shield Street		Amount of Each Disbursement this Period 30.35 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City W Hartford State CT Zip Code 06110-	Category/Type 001	
Purpose of Disbursement payroll service Candidate Name		PAYROLL SERVICE
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)▼	

Full Name (Last, First, Middle Initial) B. CBS Payroll		Transaction ID: 0702200353E10082 Date of Disbursement MM / DD / YYYY 06 / 05 / 2003
Mailing Address 80 Shield Street		Amount of Each Disbursement this Period 31.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City W Hartford State CT Zip Code 06110-	Category/Type 001	
Purpose of Disbursement payroll service Candidate Name		PAYROLL SERVICE
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)▼	

Full Name (Last, First, Middle Initial) C. CBS Payroll		Transaction ID: 0702200353E10083 Date of Disbursement MM / DD / YYYY 06 / 20 / 2003
Mailing Address 80 Shield Street		Amount of Each Disbursement this Period 31.48 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City W Hartford State CT Zip Code 06110-	Category/Type 001	
Purpose of Disbursement payroll service Candidate Name		PAYROLL SERVICE
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)	83.27
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Greater New Haven NAACP		Transaction ID: 0702200353E10101 Date of Disbursement 05 / 12 / 2003
Mailing Address 755 Whitney Avenue		Amount of Each Disbursement this Period 370.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-	Purpose of Disbursement event tickets and program ad 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 checked="" type="checkbox"/> Other (specify)▼ Category/Type 012	
EVENT TICKETS AND PROGRAM AD		

Full Name (Last, First, Middle Initial) B. Greater New Haven NAACP		Transaction ID: 0702200353E10100 Date of Disbursement 05 / 19 / 2003
Mailing Address 766 Whitney Avenue		Amount of Each Disbursement this Period 60.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City New Haven State CT Zip Code 06511-	Purpose of Disbursement event tickets 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 checked="" type="checkbox"/> Other (specify)▼ Category/Type 012	
EVENT TICKETS		

Full Name (Last, First, Middle Initial) C. Peoples Bank - Credit Card Plan		Transaction ID: 0702200353E10102 Date of Disbursement 05 / 18 / 2003
Mailing Address PO Box 18055		Amount of Each Disbursement this Period 735.53 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bridgeport State CT Zip Code 06601-	Purpose of Disbursement credit cards - 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 checked="" type="checkbox"/> Other (specify)▼ Category/Type 001	
CREDIT CARDS - SEE BELOW		

SUBTOTAL of Disbursements This Page (optional)	1155.53
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)				PAGE 23 / 33
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Senate Stationery/Gift Shop		Transaction ID: 0714200310E10153 Date of Disbursement 03 / 02 / 2003
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 40.50
City Washington State DC Zip Code 20510-	Purpose of Disbursement gifts Candidate Name Category/Type 008	
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)	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS

Full Name (Last, First, Middle Initial) B. Senate Stationery/Gift Shop		Transaction ID: 0714200310E10152 Date of Disbursement 03 / 05 / 2003
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 92.50
City Washington State DC Zip Code 20510-	Purpose of Disbursement gifts Candidate Name Category/Type 008	
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)	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS

Full Name (Last, First, Middle Initial) C. FTD.com		Transaction ID: 0714200310E10154 Date of Disbursement 03 / 28 / 2003
Mailing Address PO Box 365		Amount of Each Disbursement this Period 84.98
City Centerbrook State CT Zip Code 06409-	Purpose of Disbursement flowers Candidate Name Category/Type 008	
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)	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FLOWERS

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)				PAGE 24/36
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. ExxonMobil		Transaction ID: 0714200310E10150 Date of Disbursement	
Mailing Address 286 Whalley Avenue		MM / DD / YYYY 03 / 17 / 2003	
City New Haven	State CT	Zip Code 06511-	Amount of Each Disbursement this Period 24.00
Purpose of Disbursement gasoline		Category/ Type D02	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.59 [MEMO ITEM] MEMO: GASOLINE
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ExxonMobil		Transaction ID: 0714200310E10151 Date of Disbursement	
Mailing Address 286 Whalley Avenue		MM / DD / YYYY 03 / 18 / 2003	
City New Haven	State CT	Zip Code 06511-	Amount of Each Disbursement this Period 11.74
Purpose of Disbursement gasoline		Category/ Type D02	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.59 [MEMO ITEM] MEMO: GASOLINE
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Peoples Bank - Credit Card Plan		Transaction ID: 0702200353E10066 Date of Disbursement	
Mailing Address PO Box 18055		MM / DD / YYYY 06 / 12 / 2003	
City Bridgeport	State CT	Zip Code 06601-	Amount of Each Disbursement this Period 1470.29
Purpose of Disbursement credit cards - see below		Category/ Type D01	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.59
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼		
State: District:	CREDIT CARDS - SEE BELOW		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)				PAGE 25 / 35
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 18b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

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

Full Name (Last, First, Middle Initial) B. Senate Stationery/Gift Shop		Transaction ID: 070320037E10113	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Date of Disbursement	
City Washington	State DC	Zip Code 20510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement gifts	Amount of Each Disbursement this Period 39.25		<input type="checkbox"/> MEMO ITEM
Candidate Name	Category/Type 006		MEMO: GIFTS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Senate Stationery/Gift Shop		Transaction ID: 070320037E10116	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Date of Disbursement	
City Washington	State DC	Zip Code 20510-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement gifts	Amount of Each Disbursement this Period 91.75		<input type="checkbox"/> MEMO ITEM
Candidate Name	Category/Type 006		MEMO: GIFTS
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:			

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Senate Stationery/Gift Shop		Transaction ID: 070320037E10117 Date of Disbursement 05 / 05 / 2003	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 118.25	
City Washington State DC Zip Code 20510-	Purpose of Disbursement gifts	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS	
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)	Category/Type 006	

Full Name (Last, First, Middle Initial) B. Senate Stationery/Gift Shop		Transaction ID: 070320037E10114 Date of Disbursement 05 / 02 / 2003	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 92.50	
City Washington State DC Zip Code 20510-	Purpose of Disbursement gifts	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS	
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)	Category/Type 006	

Full Name (Last, First, Middle Initial) C. Senate Stationery/Gift Shop		Transaction ID: 070320037E10115 Date of Disbursement 05 / 02 / 2003	
Mailing Address U.S. Senate Dirksen Senate Office Bldg		Amount of Each Disbursement this Period 92.90	
City Washington State DC Zip Code 20510-	Purpose of Disbursement gifts	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GIFTS	
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)	Category/Type 006	

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

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

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Senate Stationery/Gift Shop		Transaction ID: 070320037E10118	
Mailing Address: U.S. Senate Dirksen Senate Office Bldg		Date of Disbursement MM / DD / YYYY 05 / 15 / 2003	
City: Washington	State: DC	Zip Code: 20510-	Amount of Each Disbursement this Period 41.00
Purpose of Disbursement: gifts	Candidate Name:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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: GIFTS
State: District:	Category/Type: 006		

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Transaction ID: 070320037E10107	
Mailing Address: State House Square		Date of Disbursement MM / DD / YYYY 04 / 22 / 2003	
City: Hartford	State: CT	Zip Code: 06123-	Amount of Each Disbursement this Period 80.00
Purpose of Disbursement: postage	Candidate Name:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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
State: District:	Category/Type: 001		

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Transaction ID: 070320037E10121	
Mailing Address: State House Square		Date of Disbursement MM / DD / YYYY 05 / 01 / 2003	
City: Hartford	State: CT	Zip Code: 06123-	Amount of Each Disbursement this Period 37.00
Purpose of Disbursement: postage	Candidate Name:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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
State: District:	Category/Type: 001		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 35
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. FTD.com		Transaction ID: 070320037E10122
Mailing Address PO Box 365		Date of Disbursement 04 / 29 / 2003
City Centerbrook	State CT	Zip Code 06409
Purpose of Disbursement flowers	Candidate Name	Amount of Each Disbursement This Period 61.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 008
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: FLOWERS

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: 070320037E10108
Mailing Address PO Box 488		Date of Disbursement 05 / 08 / 2003
City Newark	State NJ	Zip Code 07101-0489
Purpose of Disbursement telephone service	Candidate Name	Amount of Each Disbursement This Period 312.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 001
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: TELEPHONE SERVICE

Full Name (Last, First, Middle Initial) C. ExxonMobil		Transaction ID: 070320037E10111
Mailing Address 285 Whalley Avenue		Date of Disbursement 05 / 15 / 2003
City New Haven	State CT	Zip Code 06511-
Purpose of Disbursement gasoline	Candidate Name	Amount of Each Disbursement This Period 27.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type 002
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] MEMO: GASOLINE

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21		

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

A. ExxonMobil		Transaction ID: Q70320037E10109	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 288 Whalley Avenue		04 / 22 / 2003	
City New Haven State CT Zip Code 06511-		Amount of Each Disbursement this Period	
Purpose of Disbursement gasoline		20.00	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[002] Category/Type	
State: District		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	
		[MEMO ITEM] MEMO: GASOLINE	

B. ExxonMobil		Transaction ID: Q70320037E10110	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 288 Whalley Avenue		04 / 22 / 2003	
City New Haven State CT Zip Code 06511-		Amount of Each Disbursement this Period	
Purpose of Disbursement gasoline		10.00	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[002] Category/Type	
State: District		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	
		[MEMO ITEM] MEMO: GASOLINE	

C. Annando's Pizzeria		Transaction ID: Q70320037E10120	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 225 Massachusetts Avenue		05 / 15 / 2003	
City Washington State DC Zip Code 20003-		Amount of Each Disbursement this Period	
Purpose of Disbursement food & beverage		26.70	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		[007] Category/Type	
State: District		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	
		[MEMO ITEM] MEMO: FOOD & BEVERAGE	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 38

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

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial)
Annanda Pizzeria

Mailing Address 226 Massachusetts Avenue

City Washington State DC Zip Code 20003-

Purpose of Disbursement
food & beverages

Candidate Name

007
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)▼

Transaction ID: 070320037E10119
Date of Disbursement

05 / 15 / 2003

Amount of Each Disbursement This Period

33.09

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

[MEMO ITEM]

MEMO: FOOD & BEVERAGES

B. Full Name (Last, First, Middle Initial)
Shell Oil

Mailing Address 1 Whalley Avenue

City New Haven State CT Zip Code 06511-

Purpose of Disbursement
gasoline

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)▼

Transaction ID: 070320037E10108
Date of Disbursement

04 / 21 / 2003

Amount of Each Disbursement This Period

19.75

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

[MEMO ITEM]

MEMO: GASOLINE

C. Full Name (Last, First, Middle Initial)
Lori McGrogan

Mailing Address 3521 39th Street NW
E-497

City Washington State DC Zip Code 20016-

Purpose of Disbursement
research services

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)▼

Transaction ID: 0702200353E10034
Date of Disbursement

04 / 11 / 2003

Amount of Each Disbursement This Period

4000.00

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

RESEARCH SERVICES

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC FormF3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 31 / 35
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Sprint PCS		Transaction ID: 0702200353E10387 Date of Disbursement 04 / 27 / 2003
Mailing Address 3153 Berlin Turnpike		Amount of Each Disbursement this Period 107.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newington	State CT	
Zip Code 06111-	Purpose of Disbursement telephone service	TELEPHONE SERVICE
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)▼	
State: District		

Full Name (Last, First, Middle Initial) B. Sprint PCS		Transaction ID: 0702200353E10082 Date of Disbursement 06 / 12 / 2003
Mailing Address 3153 Berlin Turnpike		Amount of Each Disbursement this Period 124.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newington	State CT	
Zip Code 06111-	Purpose of Disbursement telephone	TELEPHONE
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)▼	
State: District		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: 0702200353E10085 Date of Disbursement 06 / 12 / 2003
Mailing Address PO Box 489		Amount of Each Disbursement this Period 79.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Newark	State NJ	
Zip Code 07101-0489	Purpose of Disbursement telephone service	TELEPHONE SERVICE
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify)▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	312.29
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)				PAGE 32 / 38
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 19 21	

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial) Conn Constitution Assoc LLC		Transaction ID: 0702200353E10039 Date of Disbursement: 04 / 27 / 2003
Mailing Address: 100 Constitution Plaza		Amount of Each Disbursement this Period: 175.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City: Hartford State: CT Zip Code: 08103-	Purpose of Disbursement: rent 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 checked="" type="checkbox"/> Other (specify)▼	RENT
Category/Type: 001		

B. Full Name (Last, First, Middle Initial) Conn Constitution Assoc LLC		Transaction ID: 0702200353E10059 Date of Disbursement: 05 / 29 / 2003
Mailing Address: 100 Constitution Plaza		Amount of Each Disbursement this Period: 87.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City: Hartford State: CT Zip Code: 08103-	Purpose of Disbursement: rent 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 checked="" type="checkbox"/> Other (specify)▼	RENT
Category/Type: 001		

C. Full Name (Last, First, Middle Initial) Sprint		Transaction ID: 0702200353E10036 Date of Disbursement: 04 / 27 / 2003
Mailing Address: PO Box 152056		Amount of Each Disbursement this Period: 14.64 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City: Irving State: TX Zip Code: 75015-2046	Purpose of Disbursement: telephone service 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 checked="" type="checkbox"/> Other (specify)▼	TELEPHONE SERVICE
Category/Type: 001		

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

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

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

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Sprint		Transaction ID: 0702200353E10063	
Mailing Address: PO Box 152056		Date of Disbursement: 06 / 12 / 2003	
City: Irving	State: TX	Zip Code: 75015-2048	Amount of Each Disbursement this Period: 12.08
Purpose of Disbursement: telephone service		Category/Type: 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
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)▼		TELEPHONE SERVICE
State:	District:		

Full Name (Last, First, Middle Initial) B. State Financial Bank NA		Transaction ID: 0702200353E10104	
Mailing Address: 10700 W. Janesville Road PO Box 467		Date of Disbursement: 05 / 12 / 2003	
City: Heales Corner	State: WI	Zip Code: 53130-	Amount of Each Disbursement this Period: 7.50
Purpose of Disbursement: bank fee		Category/Type: 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
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)▼		BANK FEE
State:	District:		

Full Name (Last, First, Middle Initial) C. Scott Jackson		Transaction ID: 0702200353E10071	
Mailing Address: PO Box 231294 State House Square		Date of Disbursement: 04 / 04 / 2003	
City: Hartford	State: CT	Zip Code: 06123-	Amount of Each Disbursement this Period: 562.27
Purpose of Disbursement: wages		Category/Type: 001	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.63
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)▼		WAGES
State:	District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)				PAGE 34 / 35
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

A. Full Name (Last, First, Middle Initial) Scott Jackson		Transaction ID: 0702200353E10072 Date of Disbursement
Mailing Address PO Box 231294 State House Square		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2003"/>
City Hartford	State CT	Zip Code 06123-
Purpose of Disbursement wages	<input type="text" value="001"/> Category/Type	Amount of Each Disbursement this Period <input type="text" value="582.27"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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)▼	WAGES

B. Full Name (Last, First, Middle Initial) Scott Jackson		Transaction ID: 0702200353E10073 Date of Disbursement
Mailing Address PO Box 231294 State House Square		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2003"/>
City Hartford	State CT	Zip Code 06123-
Purpose of Disbursement wages	<input type="text" value="001"/> Category/Type	Amount of Each Disbursement this Period <input type="text" value="582.27"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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)▼	WAGES

C. Full Name (Last, First, Middle Initial) Scott Jackson		Transaction ID: 0702200353E10074 Date of Disbursement
Mailing Address PO Box 231294 State House Square		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2003"/>
City Hartford	State CT	Zip Code 06123-
Purpose of Disbursement wages	<input type="text" value="001"/> Category/Type	Amount of Each Disbursement this Period <input type="text" value="582.27"/>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
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)▼	WAGES

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1686.111"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 36

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

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NAME OF COMMITTEE (In Full)
Friends of Joe Lieberman

Full Name (Last, First, Middle Initial) A. Scott Jackson		Transaction ID: 0702200353E10075 Date of Disbursement 06 / 04 / 2003	
Mailing Address: PO Box 231294 State House Square		Amount of Each Disbursement this Period 562.27	
City: Hartford State: CT Zip Code: 06123-	Purpose of Disbursement wages	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53	
Candidate Name:	001 Category/ Type	WAGES	
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)▼		

Full Name (Last, First, Middle Initial) B. Scott Jackson		Transaction ID: 0702200353E10076 Date of Disbursement 06 / 19 / 2003	
Mailing Address: PO Box 231294 State House Square		Amount of Each Disbursement this Period 564.68	
City: Hartford State: CT Zip Code: 06123-	Purpose of Disbursement wages	<input type="checkbox"/> Refund or Disposal of Excess <input type="checkbox"/> Contributions Required Under 11 C.F.R. 400.53	
Candidate Name:	001 Category/ Type	WAGES	
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)

1127.95

TOTAL This Period (last page this line number only)

13983.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)				PAGE 36/38
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)
Friends of Joe Lieberman

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

Full Name (Last, First, Middle Initial) B. Friends For Harry Reid		Transaction ID: 0702200353E10066 Date of Disbursement 06 / 21 / 2003
Mailing Address 422 C Street, NE Lower Level		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement contribution		011 Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

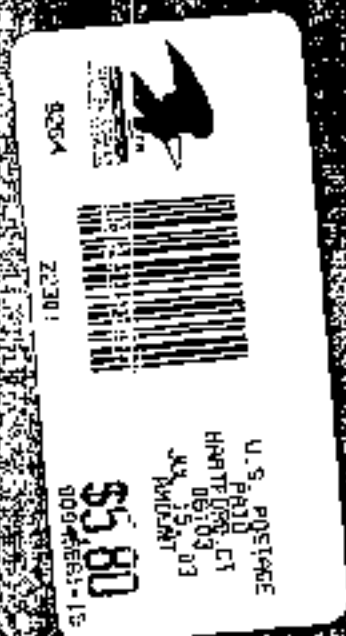
23020291963

7003 1010 0002 9636 9117



RETURN RECEIPT
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OFFICE OF PUBLIC RELATIONS
PO Box 5109
Alexandria VA 22304-0109



EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT
HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: 202-224-3322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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COMMISSION _____
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Postmarked

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 FAX (FEC FORM #10)
 FAX (CAMPAIGN REPORT) _____
Date of Receipt

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CENTER _____
Date of Receipt

R.D. 7-18-03
Preparer Date Prepared

