

**For An Authorized Committee
(Summary Page)**

1. NAME OF COMMITTEE (in full)

FRIENDS OF ROSA DELAURO

ADDRESS (number and street) Check if different than previously reported.

49 HUNTINGTON STREET

CITY, STATE and ZIP CODE

NEW HAVEN, CT 06511

STATE/DISTRICT

CT 03

**RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM**

2. FEC IDENTIFICATION NUMBER

C00238865 FEB -3 P 2:21

3. IS THIS REPORT AN AMENDMENT?

YES NO

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding _____

(Type of Election)

July 15 Quarterly Report

election on _____ in the State of _____

October 15 Quarterly Report

Thirtieth day report following the General Election on _____

January 31 Year End Report

_____ in the State of _____

July 31 Mid-Year Report (Non-election Year Only)

Termination Report

This report contains activity for

Convention

General Election

Special Election

Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-date
<u>07/01/1999</u> through <u>12/31/1999</u>		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(a))	\$50101.90	\$184196.91
(b) Total Contribution Refunds (From Line 20(d))	\$0.00	\$0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$50101.90	\$184196.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$44047.37	\$78930.10
(b) Total Offsets to Operating Expenditures (from Line 14)	\$80.00	\$834.02
(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	\$43987.37	\$78096.08
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$224495.37	
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:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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
HELAINE G. LENDER

Signature of Treasurer

Helaine G. Lender

Date

1/31/00

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

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FEC FORM 3
(Revised 4/97)

Detailed Summary Page
of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (In Full) FRIENDS OF ROSA DELAURO	Report Covering the Period: From: 07/01/1988 To: 12/31/1988	
I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	\$38100.00	
(ii) Unitemized	\$1350.00	
(iii) Total of contributions from individual	\$37450.00	\$73850.00
(b) Political Party Committees	\$51.00	\$51.00
(c) Other Political Committees (such as PACs)	\$12000.00	\$110295.01
(d) The Candidate	\$0.00	\$0.00
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(i), (b), (c) and (d))	\$50101.00	\$184196.01
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 13(a) and (b))	\$0.00	\$0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	\$60.00	\$834.72
15. OTHER RECEIPTS (Dividends, Interest, etc.)	\$885.38	\$1315.92
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	\$50627.28	\$186348.25
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	\$44047.97	\$78830.10
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 19(a) and (b))	\$0.00	\$0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	\$0.00	\$0.00
(b) Political Party Committees	\$0.00	\$0.00
(c) Other Political Committees (such as PACs)	\$0.00	\$0.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	\$0.00	\$0.00
21. OTHER DISBURSEMENTS	\$49500.00	\$84500.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	\$93547.97	\$151430.10
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$287215.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$50627.28
25. SUBTOTAL (add Line 23 and Line 24)		\$318042.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$93547.97
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$224495.37

SCHEDULE A

ITEMIZED RECEIPTS

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

1 7
FOR LINE NUMBER
11(a)(i)

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 ROSA BELLAURO

<p>A. Full Name, Mailing Address and Zip Code Edward Marcus 100 Stony Creek Road Branford, CT 06405</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Marcus Law Firm</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 2/21/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code M. Joseph Canavan 1 Selder Avenue Branford, CT 06405-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Vision Medical Imaging</p> <p>Occupation Vice-President</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 1/22/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Richard Grossi 1069 Ridge Road Hamden, CT 06517</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer none</p> <p>Occupation retired</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 1/30/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Arthur Eder 1155 Ridge Road North Haven, CT 06473</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Eder Brothers Liquor Company</p> <p>Occupation consultant</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 11/17/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Drew Days 149 East Rock Road New Haven, CT 06511</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Yale Law School</p> <p>Occupation Law Professor</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 11/17/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Helen Davis 14 Longview Terrace Madison, CT 06443</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Jacolen Properties</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/29/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Marilyn Fishbone 15 Knollwood Drive New Haven, CT 06515</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer New Haven Jewish Federation</p> <p>Occupation Administrator</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 11/16/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)	\$5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

2 | 7
FOR LINE NUMBER
11(a)(1)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Patricia Widlitz 12 Island Bay Circle Guilford, CT 06437</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer State of CT</p> <p>Occupation State Representative</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 10/25/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Kathleen Moss 1626 Foxhall Road, NW Washington, DC 20007</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer self-employed</p> <p>Occupation consultant</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 12/21/1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>C. Full Name, Mailing Address and Zip Code Melinda Scrivner 171 Cognewaugh Road Cos Cob, CT 06807</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer self</p> <p>Occupation Teacher</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 12/14/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Roslyn Meyer 21 Highland Street New Haven, CT 06511</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer self</p> <p>Occupation Psychologist</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/15/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Roslyn Meyer 21 Highland Street New Haven, CT 06511</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer self</p> <p>Occupation Psychologist</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/15/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Jerome Meyer 21 Highland Street New Haven, CT 06511</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer self</p> <p>Occupation clinical psychologist</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/15/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Jerome Meyer 21 Highland Street New Haven, CT 06511</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify)</p>	<p>Name of Employer self</p> <p>Occupation clinical psychologist</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/15/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Deborah Moss 23 Grove Point Road Westport, CT 06880 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Gas Equipment Engineering Corp Occupation business manager Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Deborah Moss 23 Grove Point Road Westport, CT 06880 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Gas Equipment Engineering Corp Occupation business manager Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Penelope Bellamy 276 Thimble Islands Road Branford, CT 06405-5735 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Wiggins & Dana Occupation lawyer Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 1/16/1999</p>	<p>Amount of Each Receipt this Period \$975.00</p>
<p>D. Full Name, Mailing Address and Zip Code Penelope Bellamy 276 Thimble Islands Road Branford, CT 06405-5735 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Wiggins & Dana Occupation lawyer Aggregate Year-to-Date -> \$1025.00</p>	<p>Date (month, day, year) 1/16/1999</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>E. Full Name, Mailing Address and Zip Code Susan Bingham 277 Willow Street New Haven, CT 06511 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer self Occupation Composer Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 11/10/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Stuart Low 29 Grove Hill Road Gulford, CT 06437 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Plents Products Co. Inc. Occupation Business Exec. Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 1/09/1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>G. Full Name, Mailing Address and Zip Code Cesar Pelli 294 Livingston Street New Haven, CT 06511 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Cesar Pelli & Associates Occupation architect Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 1/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$5250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

4 7

FOR LINE NUMBER
11(a) (i)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Cohen 315 Main Street PO Box 313 Derby, CT 06418	Cohen & Thomas Occupation attorney	1/22/1999	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	Aggregate Year-to-Date ->	\$500.00	
Carl Porto 357 Whitney Avenue New Haven, CT 06511	Parrett Porto Parese Colwell & Occupation attorney	1/22/1999	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	Aggregate Year-to-Date ->	\$500.00	
Terence Finn 3803 Bradley Lane Chevy Chase, MD 20815	none Occupation retired	1/16/1999	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->	\$1000.00	
Terence Finn 3803 Bradley Lane Chevy Chase, MD 20815	none Occupation retired	1/16/1999	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	Aggregate Year-to-Date ->	\$1500.00	
David Schaefer 39 Broadfield Road Hamden, CT 06517	Breme, Saltzman, & Wallman Occupation attorney	1/19/1999	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	Aggregate Year-to-Date ->	\$500.00	
Stephen Ahern 100 Old Farm Road North Haven, CT 06473-	Ahern Builders Occupation developer	1/01/1999	\$350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	Aggregate Year-to-Date ->	\$500.00	
Ann Kolker 5524 39th Street, NW Washington, DC 20015	Ovarian Cancer Nat'l Alliance Occupation director	12/21/1999	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	Aggregate Year-to-Date ->	\$250.00	

SUBTOTAL of Receipts This Page (optional)	\$3100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

5 7
FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Helen Lane 558 Chapel Street New Haven, CT 06511</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer self</p> <p>Occupation Writer</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 12/21/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Barbara Pearce 59 Lincoln Street New Haven, CT 06511</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer K. Pearce & Company</p> <p>Occupation Realtor</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/29/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Harvey Bixon 60 Buttonwood Path Hamden, CT 06518</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer H. Bixon & Sons, Inc</p> <p>Occupation scrap metal recycler</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 11/16/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Sarah Richards 69 Andrews Road Guilford, CT 06437</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Little Harbor Laboratory</p> <p>Occupation Doctor</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 11/16/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full name, Mailing Address and Zip Code John Crawford 70 Indian Hill Road Guilford, CT 06437</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Regional Water Authority</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date -> \$250.00</p>	<p>Date (month, day, year) 12/15/1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Diane Ruben 77 Knollwood Drive New Haven, CT 06515</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer self</p> <p>Occupation attorney</p> <p>Aggregate Year-to-Date -> \$550.00</p>	<p>Date (month, day, year) 1/30/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code Helaine Lender 98 Beecher Road Woodbridge, CT 06525</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Singer Travel Store</p> <p>Occupation travel agent</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)	\$5250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

6 7
FOR LINE NUMBER
11(a)(1)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Helaine Lender 98 Beecher Road Woodbridge, CT 06525</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Singer Travel Store</p> <p>Occupation travel agent</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Marvin Lender 98 Beecher Road Woodbridge, CT 06525</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer M & M Investments</p> <p>Occupation executive</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Marvin Lender 98 Beecher Road Woodbridge, CT 06525</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer M & M Investments</p> <p>Occupation executive</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Howard Fromson P.O. Box 1318 Vernon Rockville, CT 06066</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Anocoil Corp.</p> <p>Occupation Owner/President</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 11/16/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Jeram Kamlani 4 Seaside Avenue Milford, CT 06460-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Gas Equipment Engineering Corp</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Helen Kamlani 4 Seaside Avenue Milford, CT 06460-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Gas Equipment Engineering Corp</p> <p>Occupation Officer</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Joyce Hergenhan 3135 Easton Turnpike Fairfield, CT 06431</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer GE Corporation</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 08/05/1999 Earmarked</p>	<p>Amount of Each Receipt this Period \$1000.00</p>

SUBTOTAL of Receipts This Page (optional)	\$7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

7 7
FOR LINE NUMBER
11(a)(1)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Above Contribution Barmarked Through General Electric Co. PAC ATTN: Mr. Peter ProWitt Washington, DC 20004</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>B. Full Name, Mailing Address and Zip Code J. Sanford Davis 14 Longview Terrace Madison, CT 06443-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Information Requested Occupation information requested</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/29/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code John Beckert 16 North Avenue Madison, CT 06443-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer self-employed Occupation consultant</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/30/1999</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Jeram Kamlani, Jr. 4 Seaside Avenue Milford, CT 06460-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self-employed Occupation businessman</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Jeram Kamlani, Jr. 4 Seaside Avenue Milford, CT 06460-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer self-employed Occupation businessman</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 12/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Alison Allan 2400 Mt. Calvary Road Santa Barbara, CA 93105-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer none Occupation Home Manager</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) 11/16/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$36100.00</p>

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Comt on Letter Carriers Political Educ 100 Indiana Ave., N.W. Washington, DC 20001</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 07/19/1999</p>	<p>Amount of Each Receipt this Period \$2500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Aggregate Year-to-Date -> \$2500.00</p>		
<p>B. Full Name, Mailing Address and Zip Code NOW PAC 100 16th Street, N.W., Suite 700 Washington, DC 20036</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 07/19/1999</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Aggregate Year-to-Date -> \$100.00</p>		
<p>C. Full Name, Mailing Address and Zip Code Assn of Trial Lawyers of Amer PAC 1050 31st Street, N.W. Washington, DC 20007</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 12/21/1999</p>	<p>Amount of Each Receipt this Period \$2000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Aggregate Year-to-Date -> \$5000.00</p>		
<p>D. Full Name, Mailing Address and Zip Code Analg. Transit UN COPE 5025 Wisconsin Ave., NW Washington, DC 20016</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 07/19/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Aggregate Year-to-Date -> \$500.00</p>		
<p>E. Full Name, Mailing Address and Zip Code Boilermakers Legislat.Educ.Action Prog. 735 state Avenue Kansas City, KS 66101</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 09/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Aggregate Year-to-Date -> \$2000.00</p>		
<p>F. Full Name, Mailing Address and Zip Code Realtors PAC 700 Eleventh Street, N.W. Washington, DC 20001-4507</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 08/25/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Aggregate Year-to-Date -> \$500.00</p>		
<p>G. Full Name, Mailing Address and Zip Code United Assn Plumbers PAC 901 Mass. Avenue, N.W. Washington, DC 20001</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year) 09/30/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Aggregate Year-to-Date -> \$1000.00</p>		

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$7600.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Laborers' Political League 905 Sixteenth St., N.W. Washington, DC 20006</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 12/29/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>B. Full Name, Mailing Address and Zip Code BAYPAC Bayer Corporation Pittsburgh, PA 15205-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 07/14/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>C. Full Name, Mailing Address and Zip Code General Mills PAC 601 Pennsylvania Ave, NW Ste 120N Washington, DC 20004-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1500.00</p>	<p>Date (month, day, year) 11/22/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>D. Full Name, Mailing Address and Zip Code American Assoc of Nurses PAC 600 Maryland Ave. SW Ste 110W Washington, DC 20024-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$2000.00</p>	<p>Date (month, day, year) 09/15/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>E. Full Name, Mailing Address and Zip Code Electrical Construction PAC 3 Bethesda Metro Center Bethesda, MD 20814-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$1000.00</p>	<p>Date (month, day, year) 07/07/1999</p>	<p>Amount of Each Receipt this Period \$1000.00</p>
<p>F. Full Name, Mailing Address and Zip Code Amer. Assoc. of Clinical Urologists PAC 1111 Plaza Drive, #550 Schaumburg, IL 60173-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> \$500.00</p>	<p>Date (month, day, year) 1/16/1999</p>	<p>Amount of Each Receipt this Period \$500.00</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$5000.00

TOTAL This Period (last page this line number only)

\$12600.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Hudson United Bank P.O. Box 700 Wallingford, CT 06492-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer INTEREST</p> <p>Occupation</p>	<p>Date (month, day, year) 07/31/1999</p>	<p>Amount of Each Receipt this Period \$111.79</p>
<p>Aggregate Year-to-Date -></p>		<p>\$761.75</p>	
<p>B. Full Name, Mailing Address and Zip Code Hudson United Bank P.O. Box 700 Wallingford, CT 06492-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer INTEREST</p> <p>Occupation</p>	<p>Date (month, day, year) 12/31/1999</p>	<p>Amount of Each Receipt this Period \$553.57</p>
<p>Aggregate Year-to-Date -></p>		<p>\$1315.32</p>	
<p>C. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>D. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>E. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>F. Full name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			
<p>G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer</p> <p>Occupation</p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>Aggregate Year-to-Date -></p>			

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$665.36</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$665.36</p>

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)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A & B Travel Agency 900 Chapel Street New Haven, CT 06510	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/1999	\$116.25
A & B Travel Agency 900 Chapel Street New Haven, CT 06510	Travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/22/1999	\$252.25
Administrator Unemployment 200 Folly Brook Blvd Wethersfield, CT 06109	CT State Unemployment Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/1999	\$10.92
Administrator Unemployment 200 Folly Brook Blvd Wethersfield, CT 06109	CT State Unemployment Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/06/1999	\$14.60
Administrator Unemployment 200 Folly Brook Blvd Wethersfield, CT 06109	CT ST Unemploy Bond Assess Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/1999	\$36.73
Mr. David L. Andrukitis 50 E Street, S.E. Washington, DC 20003-	Stationary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/1999	\$334.86
Mr. David L. Andrukitis 50 E Street, S.E. Washington, DC 20003-	Stationary Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/1999	\$411.68

SUBTOTAL of Disbursements This Page (optional) \$1177.29

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)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Aristotle 205 Pennsylvania Ave, SE Washington, DC 20003-	software maintenance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/10/1999	\$825.00
B. Full Name, Mailing Address and Zip Code Bonner Group 6513 Park View Court Springfield, VA 22152-	fundraising exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/1999	\$4.88
C. Full Name, Mailing Address and Zip Code Bonner Group 6513 Park View Court Springfield, VA 22152-	fundraising exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/14/1999	\$255.35
D. Full Name, Mailing Address and Zip Code Bonner Group 6513 Park View Court Springfield, VA 22152-	Fundraising Exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	08/16/1999	\$59.47
E. Full Name, Mailing Address and Zip Code Bonner Group 6513 Park View Court Springfield, VA 22152-	fundraising services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/27/1999	\$5000.00
F. Full Name, Mailing Address and Zip Code Gaylord Bourne 25 Roydon Road New Haven, CT 06511	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/16/1999	\$100.50
G. Full Name, Mailing Address and Zip Code Gaylord Bourne 25 Roydon Road New Haven, CT 06511	reimburse telephone exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/22/1999	\$38.75

SUBTOTAL of Disbursements This Page (optional)

\$6371.95

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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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gaylord Bourne 25 Roydon Road New Haven, CT 06511	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/22/1999	\$483.04
Gaylord Bourne 25 Roydon Road New Haven, CT 06511	petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/22/1999	\$135.35
Gaylord Bourne 25 Roydon Road New Haven, CT 06511	petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/10/1999	\$146.96
Gaylord Bourne 25 Roydon Road New Haven, CT 06511	petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/1999	\$138.96
Barbara and Brian Catering 10017 Greenbelt Road Lanham, MD 20706-	catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/1999	\$1066.00
Barbara and Brian Catering 10017 Greenbelt Road Lanham, MD 20706-	catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/24/1999	\$1020.00
Ms. Barbara Britt Barbara and Brian Catering 10017 Greenbelt Road Lanham, MD 30706-	catering Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/1999	\$1905.00

SUBTOTAL of Disbursements This Page (optional)

\$4895.31

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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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CT Jewish Ledger 924 Farmington Avenue W Hartford, CT 06107-	advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/1999	\$120.00
CT Jewish Ledger 924 Farmington Avenue W Hartford, CT 06107-	advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/29/1999	\$120.00
Elizabeth Carlton 1036 A Street, SE Washington, DC 20003-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/1999	\$930.75
Elizabeth Carlton 1036 A Street, SE Washington, DC 20003-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/1999	\$1223.25
Elizabeth Carlton 1036 A Street, SE Washington, DC 20003-	travel exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/1999	\$115.44
Elizabeth Carlton 1036 A Street, SE Washington, DC 20003-	Payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/22/1999	\$1223.25
Casa Otensal 135 Sylvan Avenue New Haven, CT 06519-	Ad & Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/1999	\$650.00

SUBTOTAL of Disbursements This Page (optional)

\$4382.69

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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Any information copied from such reports and statements may not be used by any person for the purpose of soliciting contributions or for electoral 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 ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Citizens Bank 209 Church Street New Haven, CT 06511</p>	<p>Purpose of Disbursement Federal Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/05/1999</p>	<p>Amount of Each Disbursement This Period \$74.50</p>
<p>B. Full Name, Mailing Address and Zip Code Citizens Bank 209 Church Street New Haven, CT 06511</p>	<p>Purpose of Disbursement Federal Unemployment Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/05/1999</p>	<p>Amount of Each Disbursement This Period \$14.56</p>
<p>C. Full Name, Mailing Address and Zip Code Citizens Bank 209 Church Street New Haven, CT 06511</p>	<p>Purpose of Disbursement federal withholding Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 12/01/1999</p>	<p>Amount of Each Disbursement This Period \$671.42</p>
<p>D. Full Name, Mailing Address and Zip Code Citizens Bank 209 Church Street New Haven, CT 06511</p>	<p>Purpose of Disbursement Federal Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 09/02/1999</p>	<p>Amount of Each Disbursement This Period \$194.36</p>
<p>E. Full Name, Mailing Address and Zip Code Citizens Bank 209 Church Street New Haven, CT 06511</p>	<p>Purpose of Disbursement Federal Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 07/27/1999</p>	<p>Amount of Each Disbursement This Period \$218.64</p>
<p>F. Full Name, Mailing Address and Zip Code Citizens Bank 209 Church Street New Haven, CT 06511</p>	<p>Purpose of Disbursement Federal Unemployment Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 07/09/1999</p>	<p>Amount of Each Disbursement This Period \$19.47</p>
<p>G. Full Name, Mailing Address and Zip Code Citizens Bank 209 Church Street New Haven, CT 06511</p>	<p>Purpose of Disbursement Federal Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 1/09/1999</p>	<p>Amount of Each Disbursement This Period \$168.86</p>

SUBTOTAL of Disbursements This Page (optional) \$1361.81

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category if the Detailed Summary Page

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Any information supplied 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 ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Citizens Bank 209 Church Street New Haven, CT 06511	Federal Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/1999	\$237.54
B. Full Name, Mailing Address and Zip Code Columbus Day Committee P.O. Box 444 New Haven, CT 06502	Purpose of Disbursement Ad Book Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/1999	\$100.00
C. Full Name, Mailing Address and Zip Code Columbus Day Committee P.O. Box 444 New Haven, CT 06502	Purpose of Disbursement tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/1999	\$500.00
D. Full Name, Mailing Address and Zip Code Commissioner of Revenue Serv P.O. Box 5055 Hartford, CT 06102	Purpose of Disbursement CT State Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/09/1999	\$27.33
E. Full Name, Mailing Address and Zip Code Commissioner of Revenue Serv P.O. Box 5055 Hartford, CT 06102	Purpose of Disbursement CT State Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/05/1999	\$22.59
F. Full Name, Mailing Address and Zip Code Commissioner of Revenue Serv P.O. Box 5055 Hartford, CT 06102	Purpose of Disbursement CT State Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/1999	\$45.16
G. Full Name, Mailing Address and Zip Code Commissioner of Revenue Serv P.O. Box 5055 Hartford, CT 06102	Purpose of Disbursement CT State Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/27/1999	\$28.75

SUBTOTAL of Disbursements This Page (optional)	\$961.39
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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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Commissioner of Revenue Serv P.O. Box 5055 Hartford, CT 06102	CT State Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	09/02/1999	\$18.74
Commissioner of Revenue Serv P.O. Box 5055 Hartford, CT 06102	CT State Withholding Taxes Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	12/01/1999	\$45.56
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	09/30/1999	\$146.64
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	09/24/1999	\$392.32
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	10/13/1999	\$39.03
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	10/22/1999	\$471.24
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> other (specify):	08/16/1999	\$386.92

SUBTOTAL of Disbursements This Page (optional)

\$1500.45

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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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/21/1999	\$622.40
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/1999	\$214.46
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	petty cash Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/1999	\$121.90
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/1999	\$295.44
Ms. Barbara DeMora 1556 New Haven Avenue Milford, CT 06460-	payroll Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/16/1999	\$314.76
Fundraising Management Group 2027 Massachusetts Ave., NW 2nd floor Washington, DC 20036-	Fundraising Services Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/1999	\$7000.00
Fundraising Management Group 2027 Massachusetts Ave., NW 2nd floor Washington, DC 20036-	Fundraising fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/1999	\$2000.00

SUBTOTAL of Disbursements This Page (optional)

\$10568.96

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fundraising Management Group 2027 Massachusetts Ave., NW 2nd floor Washington, DC 20036-	fundraising exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/01/1999	\$251.64
Ideal Printing P.O. Box 8488 New Haven, CT 06531	printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/09/1999	\$1645.91
INNER CITY 50 Fitch Street New Haven, CT 06511	advertisement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/13/1999	\$325.00
Kron Chocolatier 5300 Wisconsin Ave, NW Washington, DC 20015-	fundraising exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/24/1999	\$61.50
Latino Youth Development 164 Minor Ave New Haven, CT 06511-	Tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/09/1999	\$20.00
Myers Flower Shops 937 West Main Street Branford, CT 06405	flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/04/1999	\$497.75
Myers Flower Shops 937 West Main Street Branford, CT 06405	flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/27/1999	\$42.35

SUBTOTAL of Disbursements This Page (optional)

\$2844.15

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Myers Flower Shops 937 West Main Street Branford, CT 06405</p>	<p>Purpose of Disbursement flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 12/22/1999</p>	<p>Amount of Each Disbursement This Period \$169.40</p>
<p>B. Full Name, Mailing Address and Zip Code Myers Flower Shops 937 West Main Street Branford, CT 06405</p>	<p>Purpose of Disbursement flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/05/1999</p>	<p>Amount of Each Disbursement This Period \$174.70</p>
<p>C. Full Name, Mailing Address and Zip Code Myers Flower Shops 937 West Main Street Branford, CT 06405</p>	<p>Purpose of Disbursement flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/16/1999</p>	<p>Amount of Each Disbursement This Period \$42.35</p>
<p>D. Full Name, Mailing Address and Zip Code Myers Flower Shops 937 West Main Street Branford, CT 06405</p>	<p>Purpose of Disbursement flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 08/16/1999</p>	<p>Amount of Each Disbursement This Period \$42.35</p>
<p>E. Full Name, Mailing Address and Zip Code Myers Flower Shops 937 West Main Street Branford, CT 06405</p>	<p>Purpose of Disbursement flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 09/24/1999</p>	<p>Amount of Each Disbursement This Period \$84.70</p>
<p>F. Full Name, Mailing Address and Zip Code Myers Flower Shops 937 West Main Street Branford, CT 06405</p>	<p>Purpose of Disbursement flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 10/22/1999</p>	<p>Amount of Each Disbursement This Period \$169.40</p>
<p>G. Full Name, Mailing Address and Zip Code Myers Flower Shops 937 West Main Street Branford, CT 06405</p>	<p>Purpose of Disbursement flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 08/05/1999</p>	<p>Amount of Each Disbursement This Period \$42.35</p>

SUBTOTAL of Disbursements This Page (optional)

\$725.25

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Myers Flower Shops 937 West Main Street Branford, CT 06405	flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/07/1999	\$286.05
Myers Flower Shops 937 West Main Street Branford, CT 06405	flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/08/1999	\$90.00
Myers Flower Shops 937 West Main Street Branford, CT 06405	flowers Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/09/1999	\$190.65
National Democratic Club 30 Ivy Street, SE Washington, DC 20003	fundraising exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/19/1999	\$960.94
Greater New Haven OIC, Inc. 580 Ella Grasso Blvd. New Haven, CT 06519-	ad book/tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/30/1999	\$525.00
Office Depot 1901 L Street Washington, DC 20036-	computer & printer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/29/1999	\$1695.13
Perkins Cole 607 Fourteenth Street, NW Washington, DC 20005-	Legal fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/08/1999	\$104.70

SUBTOTAL of Disbursements This Page (optional)

\$3852.47

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SNET P.O. BOX 1861 New Haven, CT 06508	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/22/1999	\$28.19
SNET P.O. BOX 1861 New Haven, CT 06508	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/24/1999	\$119.99
SNET P.O. BOX 1861 New Haven, CT 06508	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/29/1999	\$113.75
SNET P.O. BOX 1861 New Haven, CT 06508	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	12/10/1999	\$117.94
SNET P.O. BOX 1861 New Haven, CT 06508	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	07/19/1999	\$52.40
SNET P.O. BOX 1861 New Haven, CT 06508	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/16/1999	\$28.27
SNET P.O. BOX 1861 New Haven, CT 06508	telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	09/24/1999	\$27.92

SUBTOTAL of Disbursements This Page (optional)	\$488.46
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code SNET P.O. BOX 1861 New Haven, CT 06508</p>	<p>Purpose of Disbursement telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 09/02/1999</p>	<p>Amount of Each Disbursement This Period \$27.91</p>
<p>B. Full Name, Mailing Address and Zip Code SNET P.O. BOX 1861 New Haven, CT 06508</p>	<p>Purpose of Disbursement Telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 08/16/1999</p>	<p>Amount of Each Disbursement This Period \$119.44</p>
<p>C. Full Name, Mailing Address and Zip Code SNET P.O. BOX 1861 New Haven, CT 06508</p>	<p>Purpose of Disbursement telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/16/1999</p>	<p>Amount of Each Disbursement This Period \$122.49</p>
<p>D. Full Name, Mailing Address and Zip Code SNET P.O. BOX 1861 New Haven, CT 06508</p>	<p>Purpose of Disbursement telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 12/29/1999</p>	<p>Amount of Each Disbursement This Period \$27.91</p>
<p>E. Full Name, Mailing Address and Zip Code SNET P.O. BOX 1861 New Haven, CT 06508</p>	<p>Purpose of Disbursement telephone Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 07/24/1999</p>	<p>Amount of Each Disbursement This Period \$123.43</p>
<p>F. Full Name, Mailing Address and Zip Code Schneider's 300 Massachusetts Ave. NE Washington, DC 20002</p>	<p>Purpose of Disbursement fundraising exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 11/08/1999</p>	<p>Amount of Each Disbursement This Period \$168.56</p>
<p>G. Full Name, Mailing Address and Zip Code Schneider's 300 Massachusetts Ave, NE Washington, DC 20002</p>	<p>Purpose of Disbursement fundraising exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 12/10/1999</p>	<p>Amount of Each Disbursement This Period \$103.92</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>\$693.56</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Theda Skocpol Harvard University, Dept. of Sociology William James Hall, Rm #470 Cambridge, MA 02138-	travel expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/08/1999	\$526.56
B. Full Name, Mailing Address and Zip Code The Hartford P.O. Box 7938 Philadelphia, PA 19101-7938	Purpose of Disbursement insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/1999	\$130.99
C. Full Name, Mailing Address and Zip Code The Hartford P.O. Box 7938 Philadelphia, PA 19101-7938	Purpose of Disbursement insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/09/1999	\$130.99
D. Full Name, Mailing Address and Zip Code The Hartford P.O. Box 7938 Philadelphia, PA 19101-7938	Purpose of Disbursement Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/1999	\$130.99
E. Full Name, Mailing Address and Zip Code The Hartford P.O. Box 7938 Philadelphia, PA 19101-7938	Purpose of Disbursement Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/1999	\$130.99
F. Full Name, Mailing Address and Zip Code The Hartford P.O. Box 7938 Philadelphia, PA 19101-7938	Purpose of Disbursement insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/1999	\$130.99
G. Full Name, Mailing Address and Zip Code The Hartford P.O. Box 7938 Philadelphia, PA 19101-7938	Purpose of Disbursement insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/06/1999	\$130.99

SUBTOTAL of Disbursements This Page (optional)	\$1312.50
TOTAL This Period (last page this line number only)	

SCHEDULE B

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURIO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Homestead Hot Springs, VA 24445-	conference Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/1999	\$1600.00
B. Full Name, Mailing Address and Zip Code Trolley Square Frame & Art 31 Trolley Square East Haven, CT 06512	Purpose of Disbursement Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/16/1999	\$56.96
C. Full Name, Mailing Address and Zip Code Trolley Square Frame & Art 31 Trolley Square East Haven, CT 06512	Purpose of Disbursement supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/1999	\$92.22
D. Full Name, Mailing Address and Zip Code U.S. Postmaster Brewery Street New Haven, CT 06511	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	\$66.00
E. Full Name, Mailing Address and Zip Code U.S. Postmaster Brewery Street New Haven, CT 06511	Purpose of Disbursement postage Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/06/1999	\$99.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	\$1914.20
TOTAL This Period (last page this line number only)	\$43050.44

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER
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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Joe Baca P.O. Box 362 San Bernardino, CA 92404-	Fed Campaign Contrib/Run-off Debt99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Runoff Election	0/22/1999	\$1000.00
Friends of Joe Baca P.O. Box 362 San Bernardino, CA 92404-	Fed. Camp. contrib/Spec Elec 99 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special Election	0/08/1999	\$1000.00
Baesler for Congress Committee P.O. Box 1807 Lexington, KY 40588-	Federal Campaign Contributon KY-06 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/13/1999	\$1000.00
Elsaine Bloom for U.S. Congress 5255 Collins Avenue Miami, FL 33140-	Federal Campaign Contribution FL-22 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/13/1999	\$1000.00
Bonior for Congress 237 S Gratiot Mount Clemens, MI 48043-	Federal Campaign Contrib/MI-10 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/16/1999	\$1000.00
Bonior for Congress 237 S Gratiot Mount Clemens, MI 48043-	federal campaign contrib MI-10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	0/22/1999	\$1000.00
Leslie Byrne for Senate P.O. Box 2612 Pais Church, VA 22042-	State Campaign Contribution/VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/08/1999	\$1000.00

SUBTOTAL of Disbursements This Page (optional)

\$7000.00

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
21

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Byrum for Congress P.O. Box 26191 Lansing, MI 48909-	Fed Campaign Contr./MI-08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	\$1000.00
Linda Chapin for Congress P.O. Box 952 Orlando, FL 32802-	Fed Campaign Contr/FL-08 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	\$1000.00
Clay, Jr. for Congress 14917 Claude Lane Silver Spring, MD 20905-	Fed Campaign Contrib/MO-01 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	\$1000.00
Montoya Coggins for Congress Box 945 Dallas, TX 75214-2692	Federal Campaign Contrib/TX-05 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/1999	\$1000.00
DCCC 430 S. Capitol St., S.E. Washington, DC 20003	excess federal campaign funds Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	11/04/1999	\$5000.00
Democratic State Central Com't 380 Franklin Avenue Hartford, CT 06114	ad book & tickets Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	08/31/1999	\$2000.00
DCCC 430 S. Capitol St., S.E. Washington, DC 20003	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	11/04/1999	\$10000.00

SUBTOTAL of Disbursements This Page (optional)

\$21000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of line Detailed Summary Page

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Democratic State Central Commi 380 Franklin Avenue Hartford, CT 06114	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	10/21/1999	\$2000.00
B. Full Name, Mailing Address and Zip Code Eileen Filler-Corn for Delegation Committee 7481 Huntsmen Blvd PMB 230 Springfield, VA 22153-	State Campaign Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/12/1999	\$500.00
C. Full Name, Mailing Address and Zip Code Marsha Folsom for Congress P.O. Box 215 Cullman, AL 35056-	Fed Campaign Contrib/AL-04 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/08/1999	\$1000.00
D. Full Name, Mailing Address and Zip Code Friends of Mike Forbes for Congress Comm P.O. Box 500 Southold, NY 11971-	federal campaign contrib. NY-01 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary	08/06/1999	\$1000.00
E. Full Name, Mailing Address and Zip Code Sam Gejdenson for Congress P.O. Box 1818 Bozrah, CT 06334-	Federal Campaign Contrib/CT-02 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000	11/16/1999	\$1000.00
F. Full Name, Mailing Address and Zip Code Friends of Jane Harmon P.O. Box 2884 Washington, DC 20013-	fed campaign contribution CA-36 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/1999	\$1000.00
G. Full Name, Mailing Address and Zip Code Rush Holt For Congress P.O. Box 782 Bennington, NJ 08534-	federal campaign contrib NJ-12 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/1999	\$1000.00

SUBTOTAL of Disbursements This Page (optional)

\$7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of line detailed Summary Page

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Jefferson Committee '99 650 Poydras, Suite 2245 New Orleans, LA 70130-	State Camp. Contrib/Gov-LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/08/1999	\$1000.00
Nancy Keenan for Montana P.O. Box 9249 Helena, MT 59604-	Fed Campaign Contr./MT-At Large Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/04/1999	\$1000.00
Citizens for Rick Larsen P.O. Box 326 Everett, WA 98206-	fed campaign contribution/WA-2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/1999	\$1000.00
Friends of Jim Maloney 20 E. Main Street #235 Waterbury, CT 06702-	Federal Campaign Contrib/CT-05 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention 2000	11/16/1999	\$1000.00
Matheson for Congress 466 East 300 South #200 Salt Lake City, UT 84111-	fed campaign contribution UT-02 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/14/1999	\$1000.00
Re-elect McGovern Committee P.O. Box 60405 Worcester, MA 01606-0405	Federal Campaign contrib MA-03 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/22/1999	\$1000.00
Mange 2000 150 Eaton Street, Suite C Saint Paul, MN 55104-	Fed Campaign Contrib/MN-02 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/04/1999	\$1000.00

SUBTOTAL of Disbursements This Page (optional)

\$7000.00

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)
FRIENDS OF ROSA DELAURO

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
O'Shaughnessey for Congress P.O. Box 1653 Columbus, OH 43216-1653	fed campaign contribution/OH-12 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/14/1999	\$1000.00
B. Full Name, Mailing Address and Zip Code Sanders for Congress P.O. Box 391 Burlington, VT 05402-	Purpose of Disbursement Fed Campaign Contrib/ VT-At Large Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	1/08/1999	\$1000.00
C. Full Name, Mailing Address and Zip Code Schiff for Congress 1317 N. San Fernando Blvd., #148 Burbank, CA 91504-3800	Purpose of Disbursement federal campaign contribution/CA-27 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/29/1999	\$1000.00
D. Full Name, Mailing Address and Zip Code Loy Smeary for US Congress 2200 Avenue A Suite 106 Bay City, TX 77414-	Purpose of Disbursement federal campaign contrib TX-14 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/01/1999	\$1000.00
E. Full Name, Mailing Address and Zip Code Mike Taylor for Congress P.O. Box 2389 Albemarle, NC 28001-	Purpose of Disbursement fed campaign contribution NC-08 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/14/1999	\$1000.00
F. Full Name, Mailing Address and Zip Code John Tierney for Congress P.O. Box 2013 Salem, MA 01970-	Purpose of Disbursement Federal Campaign Contribution MA-06 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	10/13/1999	\$1000.00
G. Full Name, Mailing Address and Zip Code Friends of Kathleen Kennedy Townsend P.O. Box 1735 Annapolis, MD 21401-	Purpose of Disbursement State campaign contribution/MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	2/17/1999	\$1000.00

SUBTOTAL of Disbursements This Page (optional)	\$7000.00
TOTAL This Period (last page this line number only)	\$49500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

1 3
FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Lucille Dickes 1 Old Rock Hill Road Wallingford, CT 06492</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation Registrar/Union Organizer</p> <p>Aggregate Year-to-Date -> \$25.00</p>	<p>Date (month, day, year) 09/30/1999</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>B. Full Name, Mailing Address and Zip Code Judi Friedman 101 Lawton Road Canton, CT 06019</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/08/1999</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>C. Full Name, Mailing Address and Zip Code Eugene McAlister Brooksvale Apt. 3110 150 Cook Hill Road Cheshire, CT 06410-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation retired</p> <p>Aggregate Year-to-Date -> \$35.00</p>	<p>Date (month, day, year) 07/19/1999</p>	<p>Amount of Each Receipt this Period \$35.00</p>
<p>D. Full Name, Mailing Address and Zip Code John Carr 1249 Yale Avenue Wallingford, CT 06492</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation chaplain Yale-New Haven Hospital</p> <p>Aggregate Year-to-Date -> \$30.00</p>	<p>Date (month, day, year) 07/28/1999</p>	<p>Amount of Each Receipt this Period \$30.00</p>
<p>E. Full Name, Mailing Address and Zip Code Alice Lambert 21 Sunset Beach Road Branford, CT 06495</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation retired</p> <p>Aggregate Year-to-Date -> \$50.00</p>	<p>Date (month, day, year) 09/15/1999</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>F. Full Name, Mailing Address and Zip Code Lawrence Yellin 265 Bowley Road Haddonfield, NJ 08033</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$150.00</p>	<p>Date (month, day, year) 11/17/1999</p>	<p>Amount of Each Receipt this Period \$150.00</p>
<p>G. Full Name, Mailing Address and Zip Code Paul Frick 1946 Culvert Street, NW Washington, DC 20009-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation Home Front Communications Partner</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 10/13/1999</p>	<p>Amount of Each Receipt this Period \$100.00</p>

SUBTOTAL of Receipts This Page (optional)

\$490.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11(a) (i)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAURO

<p>A. Full Name, Mailing Address and Zip Code Archibald Gillies 275 Central Park West New York, NY 10024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Andy Warhol Foundation Occupation executive Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 07/14/1999</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and Zip Code Angelo Chieppo 296 Lloyd Street New Haven, CT 06513 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Iron Workers Occupation retired Aggregate Year-to-Date -> \$50.00</p>	<p>Date (month, day, year) 08/25/1999</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>C. Full Name, Mailing Address and Zip Code Norma Schatz 4 Hampton Place Avon, CT 06001 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation Aggregate Year-to-Date -> \$25.00</p>	<p>Date (month, day, year) 07/07/1999</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>D. Full Name, Mailing Address and Zip Code Anne Marie Poltz 43 Lincoln Street New Haven, CT 06511 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation consultant Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 12/21/1999</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>E. Full Name, Mailing Address and Zip Code Mary Towner 6 Sunset Terrace Portland, CT 06480 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Occupation retired Aggregate Year-to-Date -> \$25.00</p>	<p>Date (month, day, year) 09/08/1999</p>	<p>Amount of Each Receipt this Period \$25.00</p>
<p>F. Full Name, Mailing Address and Zip Code Phoebé Boyer 65 Laurel Road Hamden, CT 06517 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Evans Feldman & Boyer PC Occupation attorney Aggregate Year-to-Date -> \$200.00</p>	<p>Date (month, day, year) 10/25/1999</p>	<p>Amount of Each Receipt this Period \$200.00</p>
<p>G. Full Name, Mailing Address and Zip Code Naomi Bonomi 924-05 Quinapiac Avenue New Haven, CT 06513 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> other (specify) Convention2000</p>	<p>Name of Employer Boris Rifkin, M.D. Occupation secretary Aggregate Year-to-Date -> \$20.00</p>	<p>Date (month, day, year) 07/07/1999</p>	<p>Amount of Each Receipt this Period \$20.00</p>

SUBTOTAL of Receipts This Page (optional)	\$620.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)
FRIENDS OF ROSA DELAJRO

<p>A. Full Name, Mailing Address and Zip Code Ella Pierman 15 Enoch Drive Woodbridge, CT 06525</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Occupation Psychologist</p> <p>Aggregate Year-to-Date -> \$100.00</p>	<p>Date (month, day, year) 09/13/1999</p>	<p>Amount of Each Receipt this Period \$100.00</p>
<p>B. Full Name, Mailing Address and Zip Code Judith Campbell 109 Colony Road New Haven, CT 06511-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$50.00</p>	<p>Date (month, day, year) 09/30/1999</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>C. Full Name, Mailing Address and Zip Code Barbara Blackwell 700 Canal Street Stamford, CT 06902-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Occupation Vice President</p> <p>Aggregate Year-to-Date -> \$40.00</p>	<p>Date (month, day, year) 08/25/1999 Earmarked</p>	<p>Amount of Each Receipt this Period \$40.00</p>
<p>D. Full Name, Mailing Address and Zip Code Elizabeth Cappello 18 High Plains Road Milford, CT 06460-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Convention2000</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -> \$50.00</p>	<p>Date (month, day, year) 11/09/1999 Earmarked</p>	<p>Amount of Each Receipt this Period \$50.00</p>
<p>E. Full Name, Mailing Address and Zip Code Above Contribution Earmarked Through United Technologies Co PAC ATTN: Ms. Kimberly Nickens-Randle Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation</p> <p>Aggregate Year-to-Date -></p>	<p>Date (month, day, year) / /</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$240.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>\$1350.00</p>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11/31/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

SA
PREPARER

2/3/01
DATE PREPARED