

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

DAKPAC

ADDRESS (number and street)

607 14th Street, NW, Suite 800

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00364356

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

01

31

2010

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

Mitch Vance

Signature of Treasurer

Electronically Filed by Mitch Vance

Date

02

19

2010

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name  
DAKPAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	67593.09
(b) Cash on Hand at Beginning of Reporting Period .....	67593.09	
(c) Total Receipts (from Line 19) .....	13000.00	13000.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	80593.09	80593.09
7. Total Disbursements (from Line 31) .....	38010.84	38010.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42582.25	42582.25
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	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

DAKPAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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) .....	13000.00	13000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	13000.00	13000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	13000.00	13000.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	13000.00	13000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	13000.00	13000.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	3010.84	3010.84	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	3010.84	3010.84	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. 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 Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38010.84	38010.84	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38010.84	38010.84	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	13000.00	13000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13000.00	13000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3010.84	3010.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3010.84	3010.84

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

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

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DAKPAC

**A.**

Full Name (Last, First, Middle Initial)

Rocco A. Ortenzio

Mailing Address 7 Westwind Drive

City

Lemoyne

State

PA

Zip Code

17043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C696

Amount of Each Receipt this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert A. Ortenzio

Mailing Address 4717 Gettysburg Road  
P.O. Box 2034

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Select Medical Corporation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C697

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

Eric R. Hanson

Mailing Address 1055 North Fairfax Street  
Suite 201

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Strategies Corporation

Occupation  
Chairman & Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C695

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

13000.00

**TOTAL** This Period (last page this line number only) .....

13000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

DAKPAC

A.

Full Name (Last, First, Middle Initial)

Benchmark Strategies

Mailing Address 426 C Street, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Fundraising Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D1369

Date of Disbursement

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

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 10

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
DAKPAC

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address P.O. Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District:</p>	<p><b>Transaction ID:</b> D1372</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>5000.00</div> </p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) Bennet For Senate</p> <p>Mailing Address 1900 Grant Street Suite 1170</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name Michael F. Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CO District:</p>	<p><b>Transaction ID:</b> D1374</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>5000.00</div> </p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Nevada State Democratic Party</p> <p>Mailing Address 409 Horn Street</p> <p>City Las Vegas State NV Zip Code 89107</p> <p>Purpose of Disbursement 2010 Contribution <input type="checkbox"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D1373</p> <p>Date of Disbursement  <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 8 / 2 0 1 0</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>5000.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**15000.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DAKPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Gillibrand For Senate <hr/> Mailing Address    313 C Street, NE <hr/> <table> <tr> <td>City Washington</td> <td>State DC</td> <td>Zip Code 20002</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Contribution</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name Kirsten Gillibrand</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:    2010</td> </tr> <tr> <td><input checked="" type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: NY    District:</td> <td><input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Washington	State DC	Zip Code 20002	Purpose of Disbursement Contribution	<input type="checkbox"/>	Candidate Name Kirsten Gillibrand	Category/ Type	Office Sought: <input type="checkbox"/> House	Disbursement For:    2010	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> President	State: NY    District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D1375 <b>Date of Disbursement</b> <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	1	0
City Washington	State DC	Zip Code 20002																																	
Purpose of Disbursement Contribution	<input type="checkbox"/>																																		
Candidate Name Kirsten Gillibrand	Category/ Type																																		
Office Sought: <input type="checkbox"/> House	Disbursement For:    2010																																		
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M	M	/	D	D	/	Y	Y	Y	Y																										
0	1		0	8		2	0	1	0																										
<b>B.</b>	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee <hr/> Mailing Address    P.O. Box 549 <hr/> <table> <tr> <td>City Napoleonville</td> <td>State LA</td> <td>Zip Code 70390</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Contribution</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name Charlie Melancon</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:    2010</td> </tr> <tr> <td><input checked="" type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: LA    District:</td> <td><input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Napoleonville	State LA	Zip Code 70390	Purpose of Disbursement Contribution	<input type="checkbox"/>	Candidate Name Charlie Melancon	Category/ Type	Office Sought: <input type="checkbox"/> House	Disbursement For:    2010	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> President	State: LA    District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D1371 <b>Date of Disbursement</b> <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	1	0
City Napoleonville	State LA	Zip Code 70390																																	
Purpose of Disbursement Contribution	<input type="checkbox"/>																																		
Candidate Name Charlie Melancon	Category/ Type																																		
Office Sought: <input type="checkbox"/> House	Disbursement For:    2010																																		
<input checked="" type="checkbox"/> Senate																																			
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State: LA    District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																																		
M	M	/	D	D	/	Y	Y	Y	Y																										
0	1		0	8		2	0	1	0																										
<b>C.</b>	Full Name (Last, First, Middle Initial) Wyden For Senate <hr/> Mailing Address    P.O. Box 3498 <hr/> <table> <tr> <td>City Portland</td> <td>State OR</td> <td>Zip Code 97208</td> </tr> </table> <hr/> <table> <tr> <td>Purpose of Disbursement Contribution</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Candidate Name Ronald Lee Wyden</td> <td>Category/ Type</td> </tr> </table> <hr/> <table> <tr> <td>Office Sought: <input type="checkbox"/> House</td> <td rowspan="3">Disbursement For:    2010</td> </tr> <tr> <td><input checked="" type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> <tr> <td>State: OR    District:</td> <td><input type="checkbox"/> Primary    <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> </table>	City Portland	State OR	Zip Code 97208	Purpose of Disbursement Contribution	<input type="checkbox"/>	Candidate Name Ronald Lee Wyden	Category/ Type	Office Sought: <input type="checkbox"/> House	Disbursement For:    2010	<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> President	State: OR    District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D1370 <b>Date of Disbursement</b> <table> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	1	0
City Portland	State OR	Zip Code 97208																																	
Purpose of Disbursement Contribution	<input type="checkbox"/>																																		
Candidate Name Ronald Lee Wyden	Category/ Type																																		
Office Sought: <input type="checkbox"/> House	Disbursement For:    2010																																		
<input checked="" type="checkbox"/> Senate																																			
<input type="checkbox"/> President																																			
State: OR    District:	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																																		
M	M	/	D	D	/	Y	Y	Y	Y																										
0	1		0	8		2	0	1	0																										

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
DAKPAC

A.

Full Name (Last, First, Middle Initial)  
Martha Coakley For Senate Committee

Mailing Address P.O. Box 220  
State House Station

City Boston State MA Zip Code 02133

Purpose of Disbursement  
Contribution

Candidate Name  
Martha Coakley

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MA

District:

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼  
O2010 SpecialGeneral

Category/  
Type

Transaction ID: D1368

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

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

35000.00