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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		or Other Than	An Authorize	ea Commi	ttee		Office Use Only	y
1.		USE FEC MAILING OR TYPE OR PRIN		xample:If typir ver the lines	ng, type			
L	A New Direction PAC							
L		1 1 1 1 1	<u> </u>	1 1 1 1		1 1 1 1		
AD	DRESS (number and street)	PO Box 4234						
	Check if different							
L	than previously reported. (ACC)	Concord				LNH _	03302	
2.	FEC IDENTIFICATION NUM	BER ₩	CITY 🛕		:	STATE	ZIPC	ODE 🛕
	C00458570		3. IS THIS REPOR		NEW (N) OR		MENDED A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2	2)	May 20 (M5)	Au	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Mar 20 (M	3)	Jun 20 (M6)	Se	p 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr 20 (M	1)	Jul 20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
	Quarterly Report(Q1	(c) 12-Day	,	Primary (12	PP)	General	(12G)	Runoff (12R)
	July 15 Quarterly Report(Q2	PRE-E	Election		-	=		
	X October 15 Quarterly Report(Q3		for the:	Convention	1 (12C)	Special	(12G)	
	January 31 Quarterly Report(YE	<u></u>	Election on				in the State	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -	Election for the:	General (3)	0G)	Runoff ((30R)	Special (30S)
	Termination Report (TER)		Election on				in the State	
5.	Covering Period 0 7	0 1	2009	through	0 9	30	2009]
	ertify that I have examined this R	·	t of my knowledge	e and belief it	is true, correct	and complete		
Тур	oe or Print Name of Treasurer	Kathy Sullivan						
Sig	nature of Treasurer Electron	ically Filed by Kat	thy Sullivan			Date 1 0	13	2009
NO	TE : Submission of false, erron	eous, or incomplete	information may s	subject the pe	rson signing thi	s Report to th	e penalties of 2 l	J.S.C 437g.
	Office Use						FEC FO	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/13

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name A New Direction PAC D [®]D 07 0 1 2009 0.9 30 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 0.00 January 1 (b) Cash on Hand at 2692.58 Begining of Reporting Period 10050.00 46050.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 12742.58 46050.00 6(a) and 6(c) for Column B) 12663.20 45970.62 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 79.38 79.38 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

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

For further information contact:

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 13

Write or Type Committee Name
A New Direction PAC

Report Covering the Period:

м м 0 7

From:

D D 1

Y Y W Y 2 0 0 9

o. |

M M D

^D 30 Y Y Y Y Y 2009

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	0.00	10000.00
(ii) Unitemized	50.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	50.00	10050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees(such as PACs)(d) Total Contributions (add Lines	10000.00	36000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10050.00	46050.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. 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
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10050.00	46050.00
). Total Federal Receipts (subtract Line 18(c) from Line 19)	10050.00	46050.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 13

	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)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	4663.20	30770.62
	Expenditures(c) Total Operating Expenditures	4003.20	30770.82
	(add 21(a)(i), (a)(ii) and (b))	4663.20	30770.62
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	8000.00	15200.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
	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	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12663.20	45970.62
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	12663.20	45970.62

DETAILED SUMMARY PAGE

of Disbursements

	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)	10050.00	46050.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	10050.00	46050.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4663.20	30770.62
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	4663.20	30770.62

FE6AN026

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 / 13 (check only one)
[Any information copied from such Reports and St	atements may	Detailed Summary Page y not be sold or used by any perso	n for the purpose of soliciting contributions
K	or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) A New Direction PAC			
Α.	Full Name (Last, First, Middle Initial) American Health Care Association PAC			Date of Receipt
	Mailing Address 1201 L Street, NW			09 18 2009
	City	State	Zip Code	Transaction ID: C18121077
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0006080	5000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) THERMO FISHER SCIENTIFIC INC. PAC			Date of Receipt
	Mailing Address 81 Wyman Street PO Box 9046			09 / 19 / 2009
	City	State	Zip Code	Transaction ID: C18124466
	<u>Waltham</u>	MA	02454	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0292318	5000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	10000.00
TOTAL This Period (last page this line number only)	•	10000.00

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		P	AGE	7 / 1	3
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	-	$\prod_{i=1}^{n}$	22 28a	П	23 28b	24 28c		25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													5
NAME OF COMMITTEE (In Full) A New Direction PAC	e and addres	ss of any political	COITII		ilee io s	OIIC	ii Conti	ibuti	OHS IT	JIII SUCII	COITII	TIIILLEE	
Full Name (Last, First, Middle Initial) New Hampshire Democratic Party							Date of		sburse	D382		. o ŏ s	Y
Mailing Address 105 North State Street							0 8		<u>'</u>	4		008	9
City Concord	State NH	Zip Code 03301					Amou	nt of	f Each	Disburse	-		
Purpose of Disbursement Rent												50.00)
Candidate Name New Hampshire Democratic Party					gory/ pe								
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General											
Full Name (Last, First, Middle Initial)							Trans	acti	on ID:	D382	537		
New Hampshire Democratic Party							Date	of Di	sburse	ement			_
Mailing Address 105 North State Street							0 ^M 9	М	^D 2	1 /	2	0 0 9	e Y
City Concord	State NH	Zip Code 03301					Amou	nt of	f Each	Disburse	emen	t this I	Period
Purpose of Disbursement Rent			Г				L.				1	00.00)
Candidate Name New Hampshire Democratic Party					gory/ pe								
Senate President	ement For: Primary Other (spe	General ecify) ▼											
State: District: Full Name (Last, First, Middle Initial)							Trana	ooti	on ID:	D382	505		
Colin Pio									sburse		323		
Mailing Address 85 Manchester Street Apartment 53							0 ^M 7	М	1	6 /	2	o ŏ s	Θ^{\vee}
•	State NH	Zip Code 03301					Amou	nt of	f Each	Disburse	emen	t this I	Period
Purpose of Disbursement Administrative Consulting				U	-			0			.3	75.00)
Candidate Name					gory/								
Senate President	ement For: Primary Other (spe	General ▼											
State: District:													
SUBTOTAL of Disbursements This Page (optional)											5	25.00)

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the		FOR LIN	NE NUMBER: PAGE 8 / 13 only one)								
ITEMIZED DISBURSEMENTS	Detailed Summary Page X 21b 27		_	22 28a	Ę	23 28b	24 28c		25 29	26 30b		
Any Information copied from such Reports and Stator for commercial purposes, other than using the na										s		
NAME OF COMMITTEE (In Full)												
A New Direction PAC												
Full Name (Last, First, Middle Initial) Colin Pio				-		tion ID: Disburs	: D382 ement	526				
Mailing Address 85 Manchester Street				0 ^M	7 ^M	/ D3	3 O /	Y	<u> </u>	9 ^Y		
Apartment 53												
City Concord	State Zip Code NH 03301	_		Am	ount	of Each	Disburs					
Purpose of Disbursement Administrative Consulting						_			375.00)		
Candidate Name		1	tegory/ Гуре									
Senate President	rsement For: Primary General Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial) Colin Pio						tion ID: Disburs	: D382 ement	527				
Mailing Address 85 Manchester Street Apartment 53				OM	8 ^M	/ 1	4 /	Ý	ó ó	9 ^Y		
City Concord	State Zip Code NH 03301			Am	ount	of Each	Disburs	-	-			
Purpose of Disbursement Administrative Consulting								3	375.00)		
Candidate Name			tegory/ Type									
Office Sought: House Disbu Senate President State: District:	rsement For: Primary General Other (specify)		71									
Full Name (Last, First, Middle Initial)												
Colin Pio				Dat	e of D	Disburs		528				
Mailing Address 85 Manchester Street Apartment 53				0 ^M	8 ^M	[/] 2	28	2	Ý 0 Ŏ	9 ^Y		
City Concord	State Zip Code NH 03301			Am	ount	of Each	Disburse	emer	nt this	Period		
Purpose of Disbursement Administrative Consulting] L				3	375.00)		
Candidate Name			tegory/ Type									
Office Sought: House Disbu Senate President	rsement For: Primary General Other (specify)	1	<u></u>									
State: District:												
SUBTOTAL of Disbursements This Page (optional	ls		▶					11	25.00			

TOTAL This Period (last page this line number only)

C.

SCHEDULE B (FEC Form 3X)	Llee concrete cohodule(a)	FOR LINE I	NUMBER:	PAGE 9/13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 7 22	☐ 24 ☐ 25 ☐ 26
	Detailed Summary Page	27	28a 28b	28c 29 30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	e and address of any political c	ommittee to son	CIT CONTINUUTIONS ITO	II Such committee
A New Direction PAC				
Full Name (Last, First, Middle Initial)			Transaction ID:	
Colin Pio			Date of Disburser	
Mailing Address 85 Manchester Street Apartment 53			0 9 2	1 2009
City Concord	State Zip Code NH 03301		Amount of Each I	Disbursement this Period
Purpose of Disbursement	3331			750.00
Administrative Consulting				
Candidate Name		Category/ Type		
Office Sought: House Disburse	ement For:	7.		
Senate President	Primary General Other (specify) ▼			
State: District:	Cirici (opeciny)			
Full Name (Last, First, Middle Initial)			Transaction ID:	D382523
Ms. Mary Elizabeth Purdy			Date of Disburser	
Mailing Address 14 Profile Ave			07 1	6 2009
City	State Zip Code		Amount of Each I	Disbursement this Period
Concord Purpose of Disbursement	NH 03301-5923			1050.00
Administrative Consulting				
Candidate Name		Category/ Type		
Office Sought: House Disburse Senate	ement For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) Ms. Mary Elizabeth Purdy			Transaction ID: Date of Disburser	ment
Mailing Address 14 Profile Ave			09 / 2	1 2009
City Concord	State Zip Code NH 03301-5923		Amount of Each I	Disbursement this Period
Purpose of Disbursement		· · ·		1050.00
Administrative Consulting Candidate Name		Catagory!		
Candidate Name		Category/ Type		
	ement For:			
Senate President	Primary General Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				2850.00

TOTAL This Period (last page this line number only)

A.

В.

C.

SCHEDULE B (FEC Form 3X)	I la a a a a a a a a a a a a a a a a a a	_\	FC	R LIN	IE N	UMBE	R:			Р	AGI	10	/ 13	
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or for commercial purposes, other than using the name														
NAME OF COMMITTEE (In Full)														
A New Direction PAC														
Full Name (Last, First, Middle Initial) Colin Pio						Trans		isburs	er		530)		
Mailing Address 85 Manchester Street Apartment 53						0 ^M 7	М	/ D	3 (0 /	Υ	ž o ŏ	9 ^Y	
City	State Zip Code NH 03301					Amou	ınt o	f Each	ո [Disburs	eme	nt this	Per	riod
Purpose of Disbursement Reimbursement - Health Insurance		Tr	-	•								54.4	10	
Candidate Name		1	ateg	,										
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼		71-											
State: District:														
Full Name (Last, First, Middle Initial) Anthem BCBSNH						Date	of D	isburs	er		533	3		
Mailing Address 3000 Goffs Falls Rd						0 ^M 7	М	/ D	3	0 /	Υ	ž o ŏ	9 ^Y	
•	State Zip Code NH 03111-000	1				Amou	ınt o	f Each	n [Disburs	eme			riod
Purpose of Disbursement Health Insurance			•			L.		-				54.4	10	
Candidate Name			ateg Typ	-	_	MEM	ı	TEM.	1					
Office Sought: Senate President State: Disburse Disburse	ment For: Primary General Other (specify) ▼				l	101 - 101	10 1	1 – IV I.	J					
Full Name (Last, First, Middle Initial) Colin Pio						Trans Date		isburs	er		531			
Mailing Address 85 Manchester Street Apartment 53						8 ^M 0	М	/ D 2	2	8 /	Υ	žoŏ	9 ^Y	
City	State Zip Code NH 03301					Amou	ınt o	f Each	n [Disburs	eme		-	riod
Purpose of Disbursement Reimbursement - Health Insurance		Ιг	•									54.4	łÓ	
Candidate Name			ateg Typ											
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼	•												
SUBTOTAL of Disbursements This Page (optional) .				•			•			•	-	108.8	80	
TOTAL This Period (last page this line number only)														

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 11/13					
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	1	k only one) 1b					
	Detailed Suffillary Fage	27						
Any Information copied from such Reports and States or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) A New Direction PAC								
/ A New Direction FAC								
Full Name (Last, First, Middle Initial) Anthem BCBSNH			Transaction ID: D382534 Date of Disbursement					
Mailing Address 3000 Goffs Falls Rd			08 7 28 7 2009					
City Manchester	State Zip Code NH 03111-0001		Amount of Each Disbursement this Period					
Purpose of Disbursement Health Insurance			54.40					
Candidate Name		Category Type						
Senate President	ement For: Primary General Other (specify) ▼	1)[10]	[MEMO ITEM]					
State: District:								
Full Name (Last, First, Middle Initial) Colin Pio			Transaction ID: D382532 Date of Disbursement					
Mailing Address 85 Manchester Street Apartment 53			0 9 M / 2 1 / Y Y Y O O 9 Y					
City Concord	State Zip Code NH 03301		Amount of Each Disbursement this Perio					
Purpose of Disbursement Reimbursement - Health Insurance			54.40					
Candidate Name	L	Category Type	1					
Senate President	ement For: Primary General Other (specify) ▼							
State: District: Full Name (Last, First, Middle Initial)								
Anthem BCBSNH			Transaction ID: D382535 Date of Disbursement					
Mailing Address 3000 Goffs Falls Rd			09 7 21 7 2009					
City Manchester	State Zip Code NH 03111-0001		Amount of Each Disbursement this Period					
Purpose of Disbursement Health Insurance			54.40					
Candidate Name	-	Category	//					
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	Type	[MEMO ITEM]					
State: District:								
			54.40					

TOTAL This Period (last page this line number only)

4663.20

Detailed Summary Page	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		rate schedule(s) ategory of the	FOR LINE (check only	
r 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) A New Direction PAC Full Name (Last, First, Middle Initial) CAROL SHEA-PORTER FOR CONGRESS Mailing Address PO Box 453 City State Zip Code Rochester NH 03866 Purpose of Disbursement Contribution Cardidate Name Carol Shea-Porter District: 01 Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER Mailing Address PO BOX 411176 City Cosught: Yesiadent State Zip Code CA 90041 Purpose of Disbursement To: City Cosught: Yesiadent State Zip Code CA 90041 Purpose of Disbursement Contribution Cardidate Name Barbara Boxer Office Sought: House President State: CA District: Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER Mailing Address PO BOX 3197 City Cosught: Yemay General President State: CA District: Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER Mailing Address PO BOX 3197 City State Zip Code Caregory/ Type Office Sought: House President State: CA District: Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN Mailing Address PO BOX 3197 City State Zip Code AR 72203 Amount of Each Disbursement this Peric Category/ Type Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Amount of Each Disbursement this Peric Category/ Type Other (specify) ▼ O		Detailed S	Summary Page	27	28a 28b 28c 29
A NAME OF COMMITTEE (In Full) A New Direction PAC Full Name (Last, First, Middle Initial) CAROL SHEA-PORTER FOR CONGRESS Malling Address PO Box 453 City State Zip Code NH 03866 Purpose of Disbursement Contribution Candidate Name Carol Shea-Porter Office Sought: X House President State: NH District: 01 Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER Malling Address PO BOX 411176 City Cosught: Senate President State: CA District: 01 Contribution Candidate Name Carol Shea-Porter Office Sought: House President State: NH District: 01 Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER Malling Address PO BOX 3197 City Senate President State: CA District: 01 Malling Address PO BOX 3197 City Senate President State: CA District: 01 Malling Address PO BOX 3197 City State Zip Code Category/Type Other (specify) ▼ Transaction ID: D382542 Date of Disbursement this Peric Category/Type Amount of Each Disbursement this Peric Category/Type Transaction ID: D382542 Date of Disbursement this Peric Disbursement Disbursement Code Category/Type Transaction ID: D382539 Date of Disbursement this Peric Category/Type Transaction ID: D382539 Date of Disbursement this Peric Category/Type Amount of Each Disbursement this Peric Disbursement Disbursem					
CAROL SHEA-PORTER FOR CONGRESS Mailing Address PO Box 453 City State NH O3866 Purpose of Disbursement Contribution Candidate Name Persident State: NH District: 01 City SANGELES CA 90041 Purpose of Disbursement CONTRIBUTION Cardidate Name Barbara Boxer Office Sought: X House CA 90041 Purpose of Disbursement For: 2010 City Category/ Category/ Category/ Category/ Category/ Category/ Type City Category/ Category/ Category/ Category/ Category/ Category/ Type City Category/ Category/ Category/ Category/ Type City Category/ Category/ Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Barbara Boxer Other (specify) ▼ Transaction ID: D382538 Amount of Each Disbursement this Period Category/ Type Transaction ID: D382539 Date of Disbursement Initial Price President Disbursement For: 2010 Category/ Barbara Boxer Other (specify) ▼ City City State Zip Code LITTLE ROCK AR 72203 Purpose of Disbursement Contribution Candidate Name Blanche Lincoln Office Sought: NH Ouse Disbursement For: 2010 Category/ Type City State: Zip Code LITTLE ROCK AR 72203 Purpose of Disbursement Contribution Candidate Name Blanche Lincoln Office Sought: Nouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Office Sought: NH Ouse Disbursement For: 2010 Category/ Type Off	NAME OF COMMITTEE (In Full)	Traine and address	o or any pomioa		
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<u>Г</u> А.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER					Transaction ID: D382540 Date of Disbursement							
	Mailing Address 509 MADISON AVE SUITE 1902					09							
	City NEW YORK				Amount of Each Disbursement this Period								
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	City BALTIMORE	State Zip Code TIMORE MD 21203				Amount of Each Disbursement this Period							
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С.	Full Name (Last, First, Middle Initial) ROBIN CARNAHAN FOR SENATE							sburse		541			
	Mailing Address PO BOX 50378					0 9	М	2	9 /	ž (o ŏ 9	Y	
	City ST LOUIS	State Zip Code MO 63119				Amou	ınt of	Each	Disburse	ement	this P	eriod	
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