

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

CAROLYN'S PAC

ADDRESS (number and street) 24 East 93rd Street

Suite 1B

Check if different than previously reported. (ACC)

New York NY 10128

2. **FEC IDENTIFICATION NUMBER** C00341990

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 (12S)

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 04 01 2010 through 06 30 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 Ms Jeanne Waller

Signature of Treasurer Electronically Filed by Ms Jeanne Waller Date 07 14 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							
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FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
CAROLYN'S PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

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 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		30356.21
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	54831.21									
(c) Total Receipts (from Line 19)	14300.00	39525.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69131.21	69881.21								
7. Total Disbursements (from Line 31)	13554.10	14304.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55577.11	55577.11								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	1500.00									
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
CAROLYN'S PAC

Report Covering the Period: From: To:

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)	14300.00	35200.00
(ii) Unitemized	0.00	125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	14300.00	35325.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	4200.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14300.00	39525.00
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))	14300.00	39525.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14300.00	39525.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	13554.10	13554.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13554.10	13554.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	750.00
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))..	13554.10	14304.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13554.10	14304.10

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	14300.00	39525.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14300.00	39525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13554.10	13554.10
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13554.10	13554.10

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)
Patricia Duff

Mailing Address 473 East 87th St,

City State Zip Code
New York NY 10128

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

Name of Employer Plum Television Occupation Host

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 23 / 2010

Transaction ID: SA11AI.4324

Amount of Each Receipt this Period
1000.00

Earmarked ActBlue

B.

Full Name (Last, First, Middle Initial)
Ms Agnes Gund

Mailing Address 765 Park Avenue
14B

City State Zip Code
New York NY 18918

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

Name of Employer Self Occupation Art Historian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 28 / 2010

Transaction ID: SA11AI.4314

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)
Stephen Hanson

Mailing Address 206 Spring Street

City State Zip Code
New York NY 10012

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

Name of Employer B.R. Guest Occupation Restaurateur

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4800.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2010

Transaction ID: SA11AI.4315

Amount of Each Receipt this Period
4800.00

Earmarked Act Blue

SUBTOTAL of Receipts This Page (optional) ► **7800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)
Ms Annemarie Levitt

Mailing Address 10 East 82nd Street

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
C.S. Kansas City Corp. Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2010

Transaction ID: SA11AI.4311

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Kathleen Parker

Mailing Address 1170 Fifth Avenue

City State Zip Code
New York NY 10029

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: SA11AI.4312

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Carmella Tully

Mailing Address PO Box 905

City State Zip Code
LOcust Valley NY 11560

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: SA11AI.4328

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	14300.00

**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)

<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)
CAROLYN'S PAC

A.	Full Name (Last, First, Middle Initial) ActBlue Mailing Address P,O, Box 382110 City Cambridge State MA Zip Code 02238 Purpose of Disbursement ActBlue Service Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4339 Date of Disbursement 06 / 23 / 2010 Amount of Each Disbursement this Period 39.50 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Andrew Cuomo for 2010 Mailing Address PO Box 683 City New York State NY Zip Code 10008 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4359 Date of Disbursement 06 / 23 / 2010 Amount of Each Disbursement this Period 5000.00 Category/Type 012
C.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS Mailing Address P.O. Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement Donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4376 Date of Disbursement 06 / 08 / 2010 Amount of Each Disbursement this Period 1000.00 Category/Type 012

SUBTOTAL of Disbursements This Page (optional) ▶

6039.50

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)

<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)
CAROLYN'S PAC

A. Full Name (Last, First, Middle Initial)
BILL OWENS FOR CONGRESS

Mailing Address PO Box 1575

City State Zip Code
Plattsburgh NY 12901

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 23

Transaction ID: SB21B.4364
Date of Disbursement

06 / 05 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Costa Constantinides For District Leader

Mailing Address 24 60 28th St

City State Zip Code
Astoria NY 11102

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4345
Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dan Garodnick 2013

Mailing Address 545 West 111th Street

City State Zip Code
New York NY 10025

Purpose of Disbursement
Donation

Candidate Name

012
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4379
Date of Disbursement

06 / 09 / 2010

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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)

PAGE 10 / 13

<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)
CAROLYN'S PAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI	Transaction ID: SB21B.4389
	Mailing Address PO Box 74	Date of Disbursement 06 / 08 / 2010
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Donation Candidate Name	012 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Uma Sengupta	Transaction ID: SB21B.4361
	Mailing Address 152-16 Union Turnpike	Date of Disbursement 06 / 08 / 2010
	City Flushing State NY Zip Code 11367	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Donation Candidate Name	012 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Gay Lesbian Independent Democratic	Transaction ID: SB21B.4356
	Mailing Address 208 west 13th St	Date of Disbursement 06 / 06 / 2010
	City New York State NY Zip Code 10011	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Donation Candidate Name	012 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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)

<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)
CAROLYN'S PAC

A.	Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS	Transaction ID: SB21B.4372 Date of Disbursement 06 / 08 / 2010	
	Mailing Address PO Box 469		
	City Beacon State NY Zip Code 12508	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Donation	012	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
B.	Full Name (Last, First, Middle Initial) MIKE MCMAHON FOR CONGRESS	Transaction ID: SB21B.4374 Date of Disbursement 06 / 08 / 2010	
	Mailing Address 66 Arnold Street		
	City Staten Island State NY Zip Code 10301	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Donation	012	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		
C.	Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS	Transaction ID: SB21B.4371 Date of Disbursement 06 / 08 / 2010	
	Mailing Address 5 South Side Dr. #224		
	City Clifton Park State NY Zip Code 12065	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Donation	012	Category/ Type
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:		

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

PAGE 12 / 13

<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)
CAROLYN'S PAC

A.

Full Name (Last, First, Middle Initial)
The Lexington Democratic Club

Mailing Address 60 Madison Avenue

City State Zip Code
New York NY 10010

Purpose of Disbursement
Annual Dinner Donation

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4340

Date of Disbursement

04 / 08 / 2010

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

12639.50

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	9
<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
CAROLYN'S PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HILLARY CLINTON FOR PRESIDENT			Nature of Debt (Purpose): Excess Contribution to be Refunded
Mailing Address PO Box 101436			
City Arlington	State VA	ZIP Code 22210	

Outstanding Balance Beginning This Period		Transaction ID: SD9.4141	
500.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	500.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HILLARY CLINTON FOR PRESIDENT			Nature of Debt (Purpose): Excess Contribution to be refunded
Mailing Address PO Box 101436			
City Arlington	State VA	ZIP Code 22210	

Outstanding Balance Beginning This Period		Transaction ID: SD9.4140	
1000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1000.00	

1) SUBTOTALS This Period This Page (optional).....	▶	1500.00
2) TOTALS This Period (last page this line number only).....	▶	1500.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	1500.00