

RECEIVED  
FEC MAIL CENTER  
2009 OCT 13 AM 11:11

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC.  
PAC

ADDRESS (number and street) 35 COLD SPRING ROAD  
SUITE 211  
ROCKY HILL CT 06067-  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C00453290

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 Year-End 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 MM/DD/YYYY in the State of  
(d) 30-Day POST-Election Report for the:  
General (30G)  Runoff (30R)  Special (30S)   
Election on MM/DD/YYYY in the State of

5. Covering Period 04/01/2009 through 06/30/2009

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 BRIAN T. DYNCH  
Signature of Treasurer *Brian T. Dynch* Date 10/06/2009

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

29030170530

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

*CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC*

Report Covering the Period:

From:

04 / 01 / 2009

To:

06 / 30 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009	6,450.00	6,450.00
(b) Cash on Hand at Beginning of Reporting Period.....	8,275.00	
(c) Total Receipts (from Line 19) .....	2,950.00	4,775.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	11,225.00	11,225.00
7. Total Disbursements (from Line 31) .....	2,000.00	2,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9,225.00	9,225.00
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

29030170531

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

*CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC*

Report Covering the Period: From: *04 01 2009* To: *06 30 2009*

**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).....
  - (ii) Unitemized.....
  - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

*2950.00*

*4775.00*

*2950.00*

*4,775.00*

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

*2950.00*

*4,775.00*

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

*2950.00*

*4775.00*

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

*2950.00*

*4,775.00*

29030170532

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

29030170533

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	200,000	200,000
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	200,000	200,000
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	20,000	20,000

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	29,500.00	47,750.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29,500.00	47,750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

29030170534

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)  
**CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC**

Full Name (Last, First, Middle Initial) A. <b>Berns, Leora A.</b>		Date of Receipt MM / DD / YYYY <b>06 / 20 / 2009</b>
Mailing Address <b>16 Willowbrook Rd.</b>		Amount of Each Receipt this Period <b>150.00</b>
City <b>West Hartford, CT</b>	State Zip Code <b>06107</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>150.00</b>
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. <b>Ferentini, Catherine M.</b>		Date of Receipt MM / DD / YYYY <b>06 / 20 / 2009</b>
Mailing Address <b>14 Birch Hill Drive</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>West Hartford, CT</b>	State Zip Code <b>06107</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>250.00</b>
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. <b>Hardison, Jerry S.</b>		Date of Receipt MM / DD / YYYY <b>06 / 20 / 2009</b>
Mailing Address <b>6 Scarsdale Rd.</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>West Hartford, CT</b>	State Zip Code <b>06107</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>250.00</b>
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<b>650.00</b>
TOTAL This Period (last page this line number only).....▶	

29030170535

**SCHEDULE A (FEC Form 3X)**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC**

Full Name (Last, First, Middle Initial) A. <b>Hellman, Martin L.</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 20 2009</b>
Mailing Address <b>595 W. Main St.</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>Norwich</b>	State <b>CT</b>	
Zip Code <b>06360</b>		Amount of Each Receipt this Period <b>200.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	Amount of Each Receipt this Period <b>200.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>200.00</b>	

Full Name (Last, First, Middle Initial) B. <b>Leland, Lawrence</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 20 2009</b>
Mailing Address <b>260 Milbrook Rd.</b>		Amount of Each Receipt this Period <b>150.00</b>
City <b>North Haven, CT</b>	State <b>CT</b>	
Zip Code <b>06473</b>		Amount of Each Receipt this Period <b>150.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	Amount of Each Receipt this Period <b>150.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>150.00</b>	

Full Name (Last, First, Middle Initial) C. <b>Lertora, John M.</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 20 2009</b>
Mailing Address <b>155 Silver Creek Drive</b>		Amount of Each Receipt this Period <b>500.00</b>
City <b>Suffield, CT</b>	State <b>CT</b>	
Zip Code <b>06078</b>		Amount of Each Receipt this Period <b>500.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	Amount of Each Receipt this Period <b>500.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>500.00</b>	

SUBTOTAL of Receipts This Page (optional).....▶	<b>850.00</b>
TOTAL This Period (last page this line number only).....▶	

29030170536

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC**

**A.** Full Name (Last, First, Middle Initial)  
**MacNeil, Robert**

Mailing Address  
**73 Cooney Rd.**

City  
**Pomfret Center, CT** State  
**CT** Zip Code  
**06259**

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

Name of Employer  
**SELF** Occupation  
**OPTOMETRIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**06 20 2009**

Amount of Each Receipt this Period  
**300.00**

**B.** Full Name (Last, First, Middle Initial)  
**Newman, Bradford A.**

Mailing Address  
**34 Candlewood Lane**

City  
**Avon** State  
**CT** Zip Code  
**06001**

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

Name of Employer  
**SELF** Occupation  
**OPTOMETRIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**06 20 2009**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Pegolo, Peter**

Mailing Address  
**42 Ellsworth Road**

City  
**West Hartford, CT** State  
**CT** Zip Code  
**06107**

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

Name of Employer  
**SELF** Occupation  
**OPTOMETRIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**06 20 2009**

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1,000.00**

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

29030170537

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
**CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. Richardson, Victor</b>		Date of Receipt <b>06 / 20 / 2009</b>
Mailing Address <b>14 Blenhaven Terrace</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>Farmington, CT</b>	State Zip Code <b>06032</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>100.00</b>
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Simeone, Michael</b>		Date of Receipt <b>06 / 20 / 2009</b>
Mailing Address <b>P.O. Box 628</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>East Lyme, CT</b>	State Zip Code <b>06333</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>100.00</b>
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Trocchi, Domenico</b>		Date of Receipt <b>06 / 20 / 2009</b>
Mailing Address <b>481 Wolcott Street</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>Wolcott, CT</b>	State Zip Code <b>06705</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date <b>200.00</b>
Name of Employer <b>SELF</b>	Occupation <b>OPTOMETRIST</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<b>400.00</b>
TOTAL This Period (last page this line number only).....▶	

29030170538

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)  
**CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Van Liere, Sherry**

Mailing Address  
**266 Scott Swamp Rd.**

City  
**Farmington, CT** State  
**CT** Zip Code  
**06032**

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

Name of Employer  
**SELF** Occupation  
**OPTOMETRIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50.00**

Date of Receipt  
**06 20 2009**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....▶ **50.00**

**TOTAL** This Period (last page this line number only).....▶ **2,950.00**

29030170539

**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 OF

<input 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

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)

*CONNECTICUT ASSOCIATION OF OPTOMETRISTS, INC. PAC*

Full Name (Last, First, Middle Initial)

A. <i>LARSON FOR CONGRESS</i>		Date of Disbursement
Mailing Address <i>P.O. Box 261172</i>		<i>05 08 2009</i>
City <i>HARTFORD CT</i>	State <i>CT</i>	Zip Code <i>06126</i>
Purpose of Disbursement <i>CONTRIBUTION</i>	Category/Type	Amount of Each Disbursement this Period <i>1,000.00</i>
Candidate Name <i>JOHN LARSON</i>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

B. <i>MURPHY FOR CONGRESS</i>		Date of Disbursement
Mailing Address <i>P.O. Box 127</i>		<i>06 24 2009</i>
City <i>CHESTER CT</i>	State <i>CT</i>	Zip Code <i>06410</i>
Purpose of Disbursement <i>CONTRIBUTION</i>	Category/Type	Amount of Each Disbursement this Period <i>1,000.00</i>
Candidate Name <i>CHRIS MURPHY</i>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	<i>2,000.00</i>
TOTAL This Period (last page this line number only).....▶	<i>2,000.00</i>

29030170540

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



PREPARER  
 (3/2005)

10/13/09  
 DATE PREPARED

29030170541