

# 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  
Edwards Angell Palmer & Dodge PAC INC

ADDRESS (number and street) 2800 Financial Plaza  
 Check if different than previously reported. (ACC)  
Providence RI 02903

2. **FEC IDENTIFICATION NUMBER** C00468009  
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 12 08 2009 in the State of MA  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2009 through 11 18 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 Keith Kotler

Signature of Treasurer Electronically Filed by Keith Kotler Date 01 28 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**

Write or Type Committee Name  
Edwards Angell Palmer & Dodge PAC INC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 1 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period                              | COLUMN B<br>Calendar Year-to-Date |  |          |   |   |   |   |  |      |  |      |
|---|--|-----------------------------------|--|----------|---|---|---|---|--|------|--|------|
| 6. (a) Cash on Hand<br>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>0</td><td>9</td></tr></table> | Y  | Y                                 | Y  | Y        | 2 | 0 | 0 | 9 | <table border="1"><tr><td>0.00</td></tr></table> | 0.00 | <table border="1"><tr><td>0.00</td></tr></table> | 0.00 |
| Y   | Y  | Y                                 | Y  |          |   |   |   |   |  |      |  |      |
| 2   | 0  | 0                                 | 9  |          |   |   |   |   |  |      |  |      |
| 0.00  |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 0.00  |  |                                   |  |          |   |   |   |   |  |      |  |      |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | <table border="1"><tr><td>0.00</td></tr></table>     | 0.00                              |  |          |   |   |   |   |  |      |  |      |
| 0.00  |  |                                   |  |          |   |   |   |   |  |      |  |      |
| (c) Total Receipts (from Line 19) .....   | <table border="1"><tr><td>13300.00</td></tr></table> | 13300.00                          | <table border="1"><tr><td>13300.00</td></tr></table> | 13300.00 |   |   |   |   |  |      |  |      |
| 13300.00  |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 13300.00  |  |                                   |  |          |   |   |   |   |  |      |  |      |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | <table border="1"><tr><td>13300.00</td></tr></table> | 13300.00                          | <table border="1"><tr><td>13300.00</td></tr></table> | 13300.00 |   |   |   |   |  |      |  |      |
| 13300.00  |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 13300.00  |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 7. Total Disbursements (from Line 31) .....   | <table border="1"><tr><td>7350.00</td></tr></table>  | 7350.00                           | <table border="1"><tr><td>7350.00</td></tr></table>  | 7350.00  |   |   |   |   |  |      |  |      |
| 7350.00   |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 7350.00   |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | <table border="1"><tr><td>5950.00</td></tr></table>  | 5950.00                           | <table border="1"><tr><td>5950.00</td></tr></table>  | 5950.00  |   |   |   |   |  |      |  |      |
| 5950.00   |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 5950.00   |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | <table border="1"><tr><td>0.00</td></tr></table>     | 0.00                              |  |          |   |   |   |   |  |      |  |      |
| 0.00  |  |                                   |  |          |   |   |   |   |  |      |  |      |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <table border="1"><tr><td>0.00</td></tr></table>     | 0.00                              |  |          |   |   |   |   |  |      |  |      |
| 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

Edwards Angell Palmer & Dodge PAC INC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 1 | 8 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 13250.00                      | 13250.00                          |
| (ii) Unitemized .....  | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 13250.00                      | 13250.00                          |
| (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) .....     | 13250.00                      | 13250.00                          |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 50.00                         | 50.00                             |
| 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)) .....                          | 13300.00                      | 13300.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 13300.00                      | 13300.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 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.....  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 7300.00                               | 7300.00                                   |
| 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.....  | 50.00                                 | 50.00                                     |
| 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))..       | 7350.00                               | 7350.00                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7350.00                               | 7350.00                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3 .....         | 13250.00                      | 13250.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 13250.00                      | 13250.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12  
(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)  
Edwards Angell Palmer & Dodge PAC INC

**A.**

Full Name (Last, First, Middle Initial)  
Charles Dewitt

Mailing Address 111 Huntington Ave.

City State Zip Code  
Boston MA 02199

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

Name of Employer Occupation  
EAPD, LLP Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.4114

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Alan Levin

Mailing Address 20 Church Street

City State Zip Code  
Hartford CT 06103

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

Name of Employer Occupation  
EAPD, LLP Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.4112

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)  
Walter Reed

Mailing Address 2800 Financial Plaza

City State Zip Code  
Providence RI 02903

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

Name of Employer Occupation  
EAPD Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.4107

Amount of Each Receipt this Period

2500.00

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

8000.00

**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 / 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Edwards Angell Palmer & Dodge PAC INC

**A.** Full Name (Last, First, Middle Initial)  
James J Skeffington

Mailing Address 2800 Financial Plaza

City State Zip Code  
Providence RI 02903

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

Name of Employer Occupation  
EAPD, LLP Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
11 / 17 / 2009

**Transaction ID:** SA11AI.4130

Amount of Each Receipt this Period  
4000.00

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

Mailing Address 111 Huntington Ave.

City State Zip Code  
Boston MA 02199

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

Name of Employer Occupation  
EAPD, LLP Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** SA11AI.4116

Amount of Each Receipt this Period  
1250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5250.00

**TOTAL** This Period (last page this line number only) ..... ► 13250.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 12  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input 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 |
| <input checked="" type="checkbox"/> |     |                          |     |                          |     |                          |    |                          | X  |                          |    |                          |    |                          |    |                          |    |

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NAME OF COMMITTEE (In Full)  
Edwards Angell Palmer & Dodge PAC INC

A.

Full Name (Last, First, Middle Initial)  
Edwards Angell Palmer & Dodge LLP

Mailing Address 2800 Financial Plaza

City State Zip Code  
Providence RI 02903

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 7 / 2 0 0 9

Transaction ID: SA13.4135

Amount of Each Receipt this Period  
50.00

Loan - See Schedule C

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 50.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 50.00 |



# 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 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)  
Edwards Angell Palmer & Dodge PAC INC

A.

Full Name (Last, First, Middle Initial)  
MICHAEL E CAPUANO

Transaction ID: SB23.4109  
Date of Disbursement

Mailing Address 172 CENTRAL ST

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 9 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
SOMERVILLE MA 02145

Amount of Each Disbursement this Period

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

|         |
|---------|
| 2500.00 |
|---------|

Candidate Name

Office Sought:  House  Senate  President  
State: MA District: 00  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
Special-Primary

B.

Full Name (Last, First, Middle Initial)  
MARTHA COAKLEY

Transaction ID: SB23.4118  
Date of Disbursement

Mailing Address 46 COOLIDGE ROAD

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 7 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
MEDFORD MA 02155

Amount of Each Disbursement this Period

Purpose of Disbursement

|                   |
|-------------------|
|                   |
| Category/<br>Type |

|         |
|---------|
| 4800.00 |
|---------|

Candidate Name

Office Sought:  House  Senate  President  
State: MA District: 00  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
Special-Primary

C.

Full Name (Last, First, Middle Initial)  
MARTHA COAKLEY

Transaction ID: SB23.4148  
Date of Disbursement

Mailing Address 46 COOLIDGE ROAD

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 1 | 7 |   | 2 | 0 | 0 | 9 |

City State Zip Code  
MEDFORD MA 02155

Amount of Each Disbursement this Period

Purpose of Disbursement  
Redesignate:

|                   |
|-------------------|
|                   |
| Category/<br>Type |

|          |
|----------|
| -2400.00 |
|----------|

Candidate Name

Office Sought:  House  Senate  President  
State: MA District: 00  
Disbursement For: 2009  Primary  General  Other (specify) ▼  
Special-Primary

[MEMO ITEM]

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

|         |
|---------|
| 7300.00 |
|---------|

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 / 12

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
Edwards Angell Palmer & Dodge PAC INC

A.

Full Name (Last, First, Middle Initial)  
MARTHA COAKLEY

Mailing Address 46 COOLIDGE ROAD

City State Zip Code  
MEDFORD MA 02155

Purpose of Disbursement  
Redesignate:

Candidate Name  
MARTHA COAKLEY

Office Sought:  House  
 Senate  
 President

State: MA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
Special-General

Category/  
Type

Transaction ID: SB23.4149

Date of Disbursement

/   /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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 11 / 12

|                              |                              |                              |                              |                             |  |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|--|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input checked="" 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)  
Edwards Angell Palmer & Dodge PAC INC

A.

Full Name (Last, First, Middle Initial)  
Edwards Angell Palmer & Dodge LLP

Transaction ID: SB26.4136

Date of Disbursement

Mailing Address 2800 Financial Plaza

|                |                |   |                |                |   |                |                |                |                |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|
| <sup>M</sup> 1 | <sup>M</sup> 1 | / | <sup>D</sup> 1 | <sup>D</sup> 7 | / | <sup>Y</sup> 2 | <sup>Y</sup> 0 | <sup>Y</sup> 0 | <sup>Y</sup> 9 |
|----------------|----------------|---|----------------|----------------|---|----------------|----------------|----------------|----------------|

City State Zip Code  
Providence RI 02903

Amount of Each Disbursement this Period

|       |
|-------|
| 50.00 |
|-------|

Purpose of Disbursement  
Loan Repayment

|     |
|-----|
| 009 |
|-----|

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

|       |
|-------|
| 50.00 |
|-------|

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

|       |
|-------|
| 50.00 |
|-------|

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
Edwards Angell Palmer & Dodge PAC INC

**Transaction ID: SC/10.4135**

|   |   |
|---|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>Edwards Angell Palmer & Dodge LLP | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 2800 Financial Plaza  |   |
| City Providence State RI ZIP Code 02903   |   |

|                                  |                                     |   |
|----------------------------------|-------------------------------------|---|
| Original Amount of Loan<br>50.00 | Cumulative Payment To Date<br>50.00 | Balance Outstanding at Close of This Period<br>0.00 |
|----------------------------------|-------------------------------------|---|

**TERMS**

|  |                        |                                 |   |
|--|------------------------|---------------------------------|---|
| Date Incurred<br>MM DD YY YY<br>10 07 2009 | Date Due<br>11/17/2009 | Interest Rate<br>0.0000 % (apr) | Secured:<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|------------------------|---------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

|   |  |
|---|--|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input style="width: 100%;" type="text" value="0.00"/> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <input style="width: 100%;" type="text" value="0.00"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.