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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Edwards Angell Palmer & Dodge PAC INC 2800 Financial Plaza ADDRESS (number and street) Check if different than previously Providence RI 02903 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00468009 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the 2009 12 08 MA Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Special (30S) Post -Election General (30G) Runoff (30R) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2009 2009 11 18 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Keith Kotler Type or Print Name of Treasurer Electronically Filed by Keith Kotler 0 1 28 2010 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/12 FEC Form 3X (Rev. 02/2003)

Re	port Covering the Period: From:	01 2009	To: 11 18 2009
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
-	(a) Cash on Hand  January 1 2009 Y Y Y		0.00
	(b) Cash on Hand at Begining of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	13300.00	13300.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13300.00	13300.00
	Total Disbursements (from Line 31)	7350.00	7350.00
ı	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	5950.00	5950.00
t	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 12

Write or Type Committee Name

Edwards Angell Palmer & Dodge PAC INC

Report Covering the Period:

From:

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Y Y W Y 2 0 0 9

то.

м°м 1 1 D D 18

Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
(8	a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	13250.00	13250.00
	· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	(ii) Unitemized		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	13250.00	13250.00
(k	b) Political Party Committees	0.00	0.00
(0			
`	(such as PACs)	0.00	0.00
(0	d) Total Contributions (add Lines		
	11(a)(iii),(b) and (c)) (Carry	12250.00	12250.00
	Totals to Line 33, page 5)	13250.00	13250.00
	ransfers From Affiliated/Other	0.00	0.00
Р	arty Committees	0.00	0.00
3. A	Il Loans Received	50.00	50.00
		0.00	0.00
4. L	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
	Refunds, Rebates, etc.)		
	Carry Totals to Line 37, page 5)	0.00	0.00
	lefunds of Contributions Made		
to	Federal candidates and Other		
Р	olitical Committees	0.00	0.00
	Other Federal Receipts	0.00	0.00
[]	Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
(t	o) Levin Funds (from Schedule H5)	0.00	0.00
		0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d),	12000.00	10000 00
12	2, 13, 14, 15, 16, 17, and 18(c))	13300.00	13300.00
). To	otal Federal Receipts	10000 00	40000.00
(c	ubtract Line 18(c) from Line 19)	13300.00	13300.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 12

	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	0.00	0.00
	Expenditures(c) Total Operating Expenditures	0.00	0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	7300.00	7300.00
4.	Independent Expenditure	0.00	0.00
25.	(use Schedule E) Coordinated Expenditures Made by Party	0.00	
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	50.00	50.00
7	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		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i ederal Strate		
	(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))		
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		
<i>ب</i> د.	(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) 5 / 12

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

FE6AN026

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)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Edwards Angell Palmer & Dodge Palm	d Statements may not be sold or used by any personante name and address of any political committee to AC INC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Dewitt Mailing Address 111 Huntington Ave.  City Boston FEC ID number of contributing federal political committee.  Name of Employer EAPD, LLP  Receipt For: Primary General	State Zip Code MA 02199  C  Occupation Partner  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼  Full Name (Last, First, Middle Initial) Alan Levin  Mailing Address 20 Church Street  City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Hartford  FEC ID number of contributing federal political committee.  Name of Employer EAPD, LLP  Receipt For:  Primary General Other (specify)	CT 06103  C  Occupation Partner  Aggregate Year-to-Date   4000.00	Amount of Each Receipt this Period 4000.00
Full Name (Last, First, Middle Initial) Walter Reed Mailing Address 2800 Financial Plaza City Providence FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code RI 02903  C Occupation	Date of Receipt  M M M / 29 / 2009  Transaction ID: SA11AI.4107  Amount of Each Receipt this Period  2500.00
Name of Employer EAPD  Receipt For:  Primary General  Other (specify) ▼	Partner  Aggregate Year-to-Date ▼  2500.00	
SUBTOTAL of Receipts This Page (optional)	)	8000.00

A.

В.

PAGE 7/12 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt James J Skeffington Mailing Address 2800 Financial Plaza 1.1 17 2009 City State Zip Code Transaction ID: SA11AI.4130 Providence RI 02903 Amount of Each Receipt this Period FEC ID number of contributing 4000.00 C federal political committee. Name of Employer EAPD, LLP Occupation Partner Receipt For: Aggregate Year-to-Date General Primary 4000.00 Other (specify) Full Name (Last, First, Middle Initial) Walter St. Onge Date of Receipt Mailing Address 111 Huntington Ave. 10 2009 City Transaction ID: SA11AI.4116 State Zip Code **Boston** MA 02199 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer EAPD, LLP Occupation Partner Receipt For: Aggregate Year-to-Date ▼ Primary General

1250.00

SUBTOTAL of Receipts This Page (optional)	•	5250.00
TOTAL This Period (last page this line number only)	<u> </u>	13250.00

Other (specify)

A.

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)  11a 11b 11c 12  X 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mar he name and ad	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Edwards Angell Palmer & Dodge Palmer	AC INC		
Full Name (Last, First, Middle Initial) Edwards Angell Palmer & Dodge LLP Mailing Address 2800 Financial Plaza	1		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA13.4135
<u>Providence</u>	RI	02903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer	Occupatio	on	Loan - See Schedule C
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 50.00	

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

TEMIZED DISBURSEMENTS    for each categopy of the   Celebek only one)   Celebek	SCHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)		NUMBER: PAGE 9/12
NAME OF COMMITTEE (in Full) Edwards Angell Palmer & Dodge PAC INC  Full Name (Last, First, Middle Initial) MICHAEL E CAPUANO  Mailing Address 172 CENTRAL ST  City Some Disbursement  Candidate Name  Office Sought: House President State: MA District: 00  City Mailing Address 46 COOLIDGE ROAD  City Michael Last, First, Middle Initial) MARTHA CoAKLEY  Mailing Address 46 COOLIDGE ROAD  City Michael Last, First, Middle Initial) MARTHA Coakley  Mailing Address 46 COOLIDGE ROAD  City Michael Last, First, Middle Initial) Martha Clast, First, Mid	TEMIZED DISBURSEMENTS			21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) Edwards Angell Palmer & Dodge PAC INC  Full Name (Last, First, Middle Initial) MICHAEL E CAPUANO  Mailing Address 172 CENTRAL ST  City State Zip Code MA 02145  Purpose of Disbursement  Candidate Name  Office Sought: House President State: MA District: 00 Special-Primary  Mailing Address 46 COOLIDGE ROAD  Cry State: MA District: 00 Special-Primary  Office Sought: House President State: Ma District: 00 Special-Primary  Candidate Name  Office Sought: House President State: Ma O2155  Purpose of Disbursement  Candidate Name  Office Sought: House President State: MA District: 00 Special-Primary  Office Sought: House Senate Primary General State: MA District: 00 Special-Primary General State: MA Dis					
Milling Address 172 CENTRAL ST  City SOMERVILLE MA 02145  Purpose of Disbursement  Candidate Name  Office Sought: House President State: MA District: 00 Special-Primary General X Senate Primary General X Senate Primary General X Senate Primary General X Other (specify) ▼ Special-Primary  Office Sought: House Disbursement For: 2009	NAME OF COMMITTEE (In Full)		oo or arry pointed		TOTAL CONTRIBUTION TOTAL CONTRIBUTION
City SOMERVILLE  Purpose of Disbursement  Candidate Name  Office Sought:  It House President  State: MA  District: 00  Full Name (Last, First, Middle Initial)  MARTHA COAKLEY  Mailing Address  Amount of Each Disbursement this Perio  State Zip Code MA  O2155  Purpose of Disbursement  Caregory/ Type  Transaction ID: SB23.4118  Date of Disbursement  Transaction ID: SB23.4118  Date of Disbursement  Office Sought:  Amount of Each Disbursement this Perio  Transaction ID: SB23.4118  Date of Disbursement  Transaction ID: SB23.4118  Date of Disbursement  Office Sought:  V 2 0 0 9  Amount of Each Disbursement  Transaction ID: SB23.4118  Date of Disbursement  Office Sought:  V 2 0 0 9  Amount of Each Disbursement this Perio  Category/ Type  Transaction ID: SB23.4148  Date of Disbursement  Office Sought:  V 2 0 0 9  Amount of Each Disbursement this Perio  Transaction ID: SB23.4148  Date of Disbursement  Amount of Each Disbursement this Perio  Transaction ID: SB23.4148  Date of Disbursement  Transaction ID: SB23.4					
SOMERVILLE  Purpose of Disbursement  Candidate Name  Office Sought:  I House  V Senate  President  State: MA  District: 00  State  MA  O2145  Primary  General  Special-Primary  Full Name (Last, First, Middle Initial)  MARTHA COAKLEY  Mailing Address  Afo COOLIDGE ROAD  City  Candidate Name  Office Sought:  V Senate  President  State: MA  District: 00  Special-Primary  General  V Other (specify)  V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Mailing Address 172 CENTRAL ST				$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Candidate Name  Office Sought:					Amount of Each Disbursement this Perio
Office Sought: House				011	2500.00
X   Senate   President   Primary   General   X   Other (specify)   ▼				0,	
Full Name (Last, First, Middle Initial) MARTHA COAKLEY  Mailing Address 46 COOLIDGE ROAD  City MEDFORD MA  Candidate Name  Office Sought:  Very Name (Last, First, Middle Initial) MARTHA COAKLEY  Amount of Each Disbursement this Perio  Amount of Each Disbursement this Perio  Category/ Type  Office Sought:  Very Name (Last, First, Middle Initial) MARTHA COAKLEY  Mailing Address 46 COOLIDGE ROAD  City Mailing Address 46 COOLIDGE ROAD  City MEDFORD  State MA  State MA  Category/ Type  Transaction ID: SB23.4148  Date of Disbursement ID: SB23.4148  Date of Disbursement  Transaction ID: SB23.4148  Date of Disbursement ID: SB23.4148  Date of Disbursement  Transaction ID: S	X Senate President	Primary X Other (spe	General		
MARTHA COAKLEY  Mailing Address 46 COOLIDGE ROAD  City State Zip Code MA 02155  Purpose of Disbursement  Candidate Name  City Senate Primary General X Other (specify) ▼  Mailing Address 46 COOLIDGE ROAD  City MEDFORD MA 02155  Purpose of Disbursement For: 2009  Primary General X Other (specify) ▼  Special-Primary  City Mailing Address 46 COOLIDGE ROAD  City Medford MA 02155  Purpose of Disbursement For: 2009  City Medford MA 02155  Purpose of Disbursement Redesignate:  Candidate Name  Category/ Type  Milling Address 46 COOLIDGE ROAD  City MEDFORD MA 02155  Purpose of Disbursement Redesignate:  Candidate Name  Disbursement For: 2009  Category/ Type  Office Sought: House Primary General X Senate Primary General X Other (specify) ▼  Category/ Type  MEMO ITEM]	<u>'</u>	cial-Primary			
City MEDFORD MA 02155  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House President No Special-Primary General X Other (specify) ▼  Full Name (Last, First, Middle Initial) MARTHA COAKLEY  Mailing Address 46 COOLIDGE ROAD  City State Zip Code MA 02155  Purpose of Disbursement Redesignate:  Candidate Name  Office Sought: House State Zip Code MA 02155  Purpose of Disbursement Redesignate:  Candidate Name  Disbursement For: 2009  Category/ Type  IMEMO ITEM]  Amount of Each Disbursement this Perion  Amount of Each Disbursement this Perion  [MEMO ITEM]	•				Date of Disbursement
MEDFORD Purpose of Disbursement  Candidate Name  Office Sought:  House President President State: MA District: 00  Full Name (Last, First, Middle Initial) MARTHA COAKLEY  Mailing Address  46 COOLIDGE ROAD  Transaction ID: SB23.4148 Date of Disbursement Min	Mailing Address 46 COOLIDGE ROAL	D			11 17 2009
Candidate Name  Category/ Type  Office Sought: House X Senate Primary General X Other (specify) ▼  State: MA District: 00 Special-Primary  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  Category/ Type  Transaction ID: SB23.4148  Date of Disbursement  M 1 1 1					Amount of Each Disbursement this Perio
Office Sought: House X Senate Primary General State: MA District: 00 Special-Primary General Name (Last, First, Middle Initial) MARTHA COAKLEY  Mailing Address 46 COOLIDGE ROAD  Transaction ID: SB23.4148 Date of Disbursement  Middle Initial) MARTHA COAKLEY  Mailing Address 46 COOLIDGE ROAD  City State Zip Code MEDFORD MA 02155  Purpose of Disbursement Redesignate:  Candidate Name  Office Sought: House X Senate Primary General Primary General Primary General Primary General Name  IMEMO ITEM]	Purpose of Disbursement			· · · ·	4800.00
State: MA  District: 00  Special-Primary  Full Name (Last, First, Middle Initial)  MARTHA COAKLEY  Mailing Address  46 COOLIDGE ROAD   City  MEDFORD  MA  Disbursement  Redesignate:  Candidate Name  Office Sought:  House  X Other (specify) ▼  X Other (specify) ▼  X Other (specify) ▼  Transaction ID: SB23.4148  Date of Disbursement  M	Candidate Name				
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  Office Sought: House X Senate Primary General X Other (specify) Total Amount of Each Disbursement For: 2009  [MEMO ITEM]  Transaction ID: SB23.4148  Date of Disbursement  Amount of Each Disbursement this Perior  Category/ Type  [MEMO ITEM]	x Senate	Primary	General		
MARTHA COAKLEY  Mailing Address 46 COOLIDGE ROAD  City State Zip Code MEDFORD MA 02155  Purpose of Disbursement Redesignate: Candidate Name  Office Sought: House X Senate Primary General President X Other (specify) ▼  Date of Disbursement  Amount of Each Disbursement this Perior  Category/ Type  [MEMO ITEM]	<u></u>	cial-Primary			
City State Zip Code MEDFORD MA 02155  Purpose of Disbursement Redesignate: Candidate Name  Category/ Type  Office Sought: House X Senate Primary General President X Other (specify) Type  IMEMO ITEM]  Amount of Each Disbursement this Perio Category/ Type  [MEMO ITEM]					Date of Disbursement
MEDFORD  Purpose of Disbursement Redesignate:  Candidate Name  Category/ Type  Office Sought:  We Senate President  Disbursement For: 2009 X Senate Primary General X Other (specify)  We MA 02155  -2400.00  [MEMO ITEM]	Mailing Address 46 COOLIDGE ROAI	D			111 / 17 / 2009
Redesignate:  Candidate Name  Category/ Type  Office Sought:  House X Senate Primary General President X Other (specify)					
Office Sought:    House	Redesignate:				-2400.00
X Senate					[MEMO ITEM]
	x Senate	Primary	General		[
			·- J/ ▼		
	SUBTOTAL of Disbursements This Page (option	nai)		··········· <u>}</u>	7300.00

	CHEDULE B (I EMIZED DISB		, I	for each	arate schedule(s category of the Summary Page	(1)	FOR L (check 21 27	only b	NUMBE one) 22 28a	R: X 23 28b		24 28c	GE	10 / 1 25 29	2 26 30	
	y Information copied fr or commercial purpos			•		•				•		_				
$\rangle$	NAME OF COMMITTE Edwards Angell Pa	` ,	PAC INC													
	Full Name (Last, First MARTHA COAKLI Mailing Address		ROAD						Date	saction IE of Disburs	_			o ŏ 9	Y	
	City MEDFORD Purpose of Disburser Redesignate:	ment	_	ate 1A	Zip Code 02155		v v	7	Amou	ınt of Eac	h Disl	burser	-	this P	eriod	_
	Candidate Name MARTHA COAKLI	EY				1	tegory/ Γype		ΓRΛŒR/	IO ITEM	17					
	Office Sought:  X State: MA Di	House Senate President strict: 00		Primary Other (spe	2010 General				[IAI ⊏IA	IO II EIVI	ij					

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	_	7300.00
TOTAL This Period (last page this line number only)		7,000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS  Any Information copied from such Reports and Statement	for each category of the Detailed Summary Page	R LINE NUMBER: PAGE 11 / 12 eck only one)  21b
or for commercial purposes, other than using the name	, , , ,	' '
NAME OF COMMITTEE (In Full) Edwards Angell Palmer & Dodge PAC INC		
Full Name (Last, First, Middle Initial) Edwards Angell Palmer & Dodge LLP  Mailing Address 2800 Financial Plaza		Transaction ID: SB26.4136 Date of Disbursement  M M M P D T T T Y Y Y O Y Y Y Y O Y Y Y Y Y Y Y Y
7	state Zip Code RI 02903	Amount of Each Disbursement this Period
Purpose of Disbursement Loan Repayment	009	50.00
Candidate Name	Catego Type	-
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)	
State: District:	•	

SUBTOTAL of Disbursements This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	<b>•</b>	50.00

## SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each eategery of the

PAGE 12/12 FOR LINE 13 OF FORM 3X

LOANS	Detailed Summary Page
NAME OF COMMITTEE (In Full) Edwards Angell Palmer & Dodge PAC INC	Turner Nov. ID CC/40 4405
LOAN SOURCE Full Name (Last, First, Middle Initial) Edwards Angell Palmer & Dodge LLP	Transaction ID: SC/10.4135  Election: Primary General
Mailing Address 2800 Financial Plaza	☐ Other (specify) ▼
City Providence State RI	ZIP Code 02903
Original Amount of Loan Cumulative Payn	nent To Date  Balance Outstanding at Close of This Period
50.00	50.00 0.00
TERMS  Date Incurred  Date D	Due Interest Rate Secured:
10 D D 2009 11/17/2009	0.0000 % (apr) Yes X 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:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	. 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.