



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
SYNERGY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">30504.68</td></tr></table>	30504.68
Y	Y	Y	Y									
2	0	0	7									
30504.68												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="center">30504.68</td></tr></table>	30504.68										
30504.68												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="center">114000.00</td></tr></table>	114000.00	<table border="1" style="width: 100%;"><tr><td align="center">114000.00</td></tr></table>	114000.00								
114000.00												
114000.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="center">144504.68</td></tr></table>	144504.68	<table border="1" style="width: 100%;"><tr><td align="center">144504.68</td></tr></table>	144504.68								
144504.68												
144504.68												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="center">129414.41</td></tr></table>	129414.41	<table border="1" style="width: 100%;"><tr><td align="center">129414.41</td></tr></table>	129414.41								
129414.41												
129414.41												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="center">15090.27</td></tr></table>	15090.27	<table border="1" style="width: 100%;"><tr><td align="center">15090.27</td></tr></table>	15090.27								
15090.27												
15090.27												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="center">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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
SYNERGY PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	24000.00	24000.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24000.00	24000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	90000.00	90000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	114000.00	114000.00
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)) .....	114000.00	114000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	114000.00	114000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B 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.....	51914.41	51914.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	51914.41	51914.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77500.00	77500.00
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	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))..	129414.41	129414.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	129414.41	129414.41

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	114000.00	114000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	114000.00	114000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	51914.41	51914.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	51914.41	51914.41

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. Christopher L. Agro</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 6 Cartier Road		Transaction ID: SA11A1.4893
City State Zip Code Enfield CT 06082	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Enfield Eye Associates	Occupation Optometrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Rebecca Kingery Derosa</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 22014 Foxlair Road		Transaction ID: SA11A1.4883
City State Zip Code Gaithersburg MD 20882	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The PMA Group	Occupation Comptroller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Marc A. Dibella</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address One Gold Street Apt. 24K		Transaction ID: SA11A1.4810
City State Zip Code Hartford CT 06103	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Avallone, Dibella & Associates	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Debra S. Feldman		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 29 Ruff Circle		Transaction ID: SA11A1.4887
City State Zip Code Glastonbury CT 06033	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer n/a Occupation Homemaker	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution	

Full Name (Last, First, Middle Initial) <b>B.</b> Donald Higgins		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 5 Belgravia Terrace		Transaction ID: SA11A1.4891
City State Zip Code Farmington CT 06032	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Higgins Brothers' Vision Care Occupation Optometrist	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution	

Full Name (Last, First, Middle Initial) <b>C.</b> Linda A. Kowalski		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 19 Oakridge Road		Transaction ID: SA11A1.4889
City State Zip Code Branford CT 06405	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer The Kowalski Group Occupation Lobbyist	Aggregate Year-to-Date 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Contribution	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

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

Mailing Address P.O. Box 1007

City State Zip Code  
Silverdale WA 98383-1007

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

Name of Employer Applied Techniques Corporation  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2007

Transaction ID: SA11A1.4885

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mashantucket Pequot Tribal Nation

Mailing Address P.O. Box 3008

City State Zip Code  
Mashantucket CT 06338

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

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2007

Transaction ID: SA11A1.4913

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address 4 Carolyn Circle

City State Zip Code  
Ellington CT 06029

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

Name of Employer Self-Employed  
Occupation Optometrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2007

Transaction ID: SA11A1.4947

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 41	
	(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"/> 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)  
SYNERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
Martin L. Sbriglio

Mailing Address 88 Ryder's Lane  
Suite 208

City Stratford State CT Zip Code 06614

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

Name of Employer Ryders Health Management Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.4879

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	24000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 41
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. AETNA INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 151 Farmington Ave. RW4A		<b>Transaction ID: SA11C.4776</b>
City State Zip Code Hartford CT 06156	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00181826	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address 1891 Preston White Drive		<b>Transaction ID: SA11C.4930</b>
City State Zip Code Reston VA 20191	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00343459	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1625 L STREET NW		<b>Transaction ID: SA11C.4812</b>
City State Zip Code WASHINGTON DC 20036	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00011114	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 41		
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. AMERICAN HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 1201 L Street NW		<b>Transaction ID: SA11C.4915</b>
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b> C00006080		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 1505 Prince Street Suite 300		<b>Transaction ID: SA11C.4906</b>
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. <b>C</b> C00024968		Amount of Each Receipt this Period 3000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address ONE BUSCH PLACE 202-5		<b>Transaction ID: SA11C.4805</b>
City ST. LOUIS	State MO	Zip Code 63118
FEC ID number of contributing federal political committee. <b>C</b> C00034488		Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	13000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 41
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. CITIZENS FINANCIAL GROUP INC. POLITICAL COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address c/o Donna L. Brady Treasurer One Citizens Plaza 12th Floor		<b>Transaction ID: SA11C.4898</b>
City Providence State RI Zip Code 02903	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00307249		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. DIAGEO NORTH AMERICA INC. EMPLOYEES' POLITICAL PARTICIPATION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 801 MAIN AVENUE PO BOX 778		<b>Transaction ID: SA11C.4934</b>
City NORWALK State CT Zip Code 06851	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00034470		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. FUELCELL ENERGY INC PAC</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 3 GREAT PASTURE ROAD		<b>Transaction ID: SA11C.4935</b>
City DANBURY State CT Zip Code 06813	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00204180		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 41
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2007
Mailing Address 2941 Fairview Park Dr. Suite 100		<b>Transaction ID: SA11C.4922</b>
City State Zip Code Falls Church VA 22042	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00078451		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>B. GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 1299 Pennsylvania Ave NW Suite 900W		<b>Transaction ID: SA11C.4815</b>
City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00024869		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FUND FKA (HARTFORD ADVOCATES FUND)</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 18 / 2007
Mailing Address HARTFORD PLAZA		<b>Transaction ID: SA11C.4944</b>
City State Zip Code HARTFORD CT 06115	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00168864		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 41
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. ING AMERICA INSURANCE HOLDINGS INC. POLITICAL ACTION COMMITTEE (ING US PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 151 Farmington Avenue - TS31 Legal P-3		<b>Transaction ID: SA11C.4936</b>
City State Zip Code Hartford CT 06156	FEC ID number of contributing federal political committee. <b>C</b> C00184028	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 1919 Pennsylvania Ave NW 8th Floor		<b>Transaction ID: SA11C.4902</b>
City State Zip Code Washington DC 20006	FEC ID number of contributing federal political committee. <b>C</b> C00004812	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. NATIONAL COMMITTEE TO PRESERVE SOCIAL SECURITY &amp; MEDICARE - PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 10 G STREET N E SUITE 600		<b>Transaction ID: SA11C.4900</b>
City State Zip Code WASHINGTON DC 20004	FEC ID number of contributing federal political committee. <b>C</b> C70002597	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 41		
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)  
**SYNERGY PAC**

<b>A. PEQUOT PAC</b> Full Name (Last, First, Middle Initial) Mailing Address <b>National Capitol Station</b> <b>PO Box 76585</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 26 / 2007</b> <b>Transaction ID: SA11C.4908</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20013</b>	Amount of Each Receipt this Period <b>5000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00339119</b>	Contribution	
Name of Employer Occupation	Amount of Each Receipt this Period <b>5000.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>	

<b>B. PHOENIX COMPANIES, INC. - PAC FEDERAL, THE</b> Full Name (Last, First, Middle Initial) Mailing Address <b>One American Row</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 26 / 2007</b> <b>Transaction ID: SA11C.4904</b>
City <b>Hartford</b> State <b>CT</b> Zip Code <b>06102</b>	Amount of Each Receipt this Period <b>2500.00</b>	
FEC ID number of contributing federal political committee. <b>C C00168203</b>	Contribution	
Name of Employer Occupation	Amount of Each Receipt this Period <b>2500.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2500.00</b>	

<b>C. PRUDENTIAL FINANCIAL INC. POLITICAL ACTION COMMITTEE (AKA - PRUDENTIAL PAC)</b> Full Name (Last, First, Middle Initial) Mailing Address <b>751 Broad Street</b> <b>14th Floor</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 21 / 2007</b> <b>Transaction ID: SA11C.4928</b>
City <b>Newark</b> State <b>NJ</b> Zip Code <b>07102</b>	Amount of Each Receipt this Period <b>5000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00127779</b>	Contribution	
Name of Employer Occupation	Amount of Each Receipt this Period <b>5000.00</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>5000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>12500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 41
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)  
SYNERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (TPAC), THE

Mailing Address One Tower Square

City State Zip Code  
Hartford CT 06183

FEC ID number of contributing federal political committee. **C** C00376376

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2007

Transaction ID: SA11C.4778

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City State Zip Code  
DETROIT MI 48214

FEC ID number of contributing federal political committee. **C** C00002840

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2007

Transaction ID: SA11C.4925

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB

Mailing Address 1775 K STREET N.W.

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C00002766

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2007

Transaction ID: SA11C.4924

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 41
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial)  
A. UST INC. EXECUTIVES ADMINISTRATORS AND MANAGERS POLITICAL ACTION COMMITTEE

Mailing Address 100 West Putnam Avenue

City	State	Zip Code
Greenwich	CT	06830

FEC ID number of contributing federal political committee. **C** C00104851

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  
 General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: SA11C.4807

Amount of Each Receipt this Period  
5000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	90000.00

# 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)

PAGE 18 / 41

<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.4768 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 1749.00
City Ft. Lauderdale State FL Zip Code 33329-7812	Purpose of Disbursement See Memo Below Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. DesignCuisine</b>		<b>Transaction ID:</b> SB21B.4768.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 2659 South Shirlington Rd.		Amount of Each Disbursement this Period 1749.00
City Arlington State VA Zip Code 22206	Purpose of Disbursement PAC Event: Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B.4771 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 2000.00
City Ft. Lauderdale State FL Zip Code 33329-7812	Purpose of Disbursement See Memo Below. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3749.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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 19 / 41

<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. Disney Resort Destinations</b>		<b>Transaction ID:</b> SB21B.4771.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 200 Celebration Place Sixth Floor		Amount of Each Disbursement this Period 2000.00
City Celebration State FL Zip Code 34747	[MEMO ITEM]	
Purpose of Disbursement Hotel/Catering Deposit: PAC Event Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB21B.4937 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 599.00
City Ft. Lauderdale State FL Zip Code 33329-7812	[MEMO ITEM]	
Purpose of Disbursement See Memo Below. Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Costa Del Sol Restaurant</b>		<b>Transaction ID:</b> SB21B.4937.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 0 7
Mailing Address 901 Wethersfield Avenue		Amount of Each Disbursement this Period 599.00
City Hartford State CT Zip Code 06114-3127	[MEMO ITEM]	
Purpose of Disbursement PAC Event: Catering Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	599.00
<b>TOTAL</b> 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 20 / 41

<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.4932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 5280.80
City Ft. Lauderdale State FL Zip Code 33329-7812	Purpose of Disbursement See Memo Below. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Foxwoods Resort &amp; Casino</b>		<b>Transaction ID:</b> SB21B.4932.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address Route 2 P.O. Box 3777		Amount of Each Disbursement this Period 5280.80
City Mashantucket State CT Zip Code 06339	Purpose of Disbursement PAC Event: Meeting and Catering Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B.4876 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 6096.50
City Ft. Lauderdale State FL Zip Code 33329-7812	Purpose of Disbursement See Memo Below. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

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

11377.30

**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 21 / 41

<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. Mashantucket Pequot Museum</b>		Transaction ID: SB21B.4876.0 Date of Disbursement 06 / 25 / 2007
Mailing Address P.O. Box 3180		Amount of Each Disbursement this Period 6096.50
City Mashantucket State CT Zip Code 06338-7013	Purpose of Disbursement PAC Event: Catering Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB21B.4918 Date of Disbursement 06 / 26 / 2007
Mailing Address P.O. Box 297812		Amount of Each Disbursement this Period 1600.00
City Ft. Lauderdale State FL Zip Code 33329-7812	Purpose of Disbursement See Memo Below. Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Mashantucket Pequot Museum</b>		Transaction ID: SB21B.4918.0 Date of Disbursement 06 / 22 / 2007
Mailing Address P.O. Box 3180		Amount of Each Disbursement this Period 1600.00
City Mashantucket State CT Zip Code 06338-7013	Purpose of Disbursement PAC Event: Catering Charges Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1600.00
<b>TOTAL</b> 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 22 / 41

<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB21B.4784	
Mailing Address P.O. Box 297812		Date of Disbursement MM / DD / YYYY 06 / 29 / 2007	
City Ft. Lauderdale	State FL	Zip Code 33329-7812	Amount of Each Disbursement this Period 617.50
Purpose of Disbursement See Memo Below.		Category/ Type	
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:			

Full Name (Last, First, Middle Initial) <b>B. Golden Carriage Limo Inc.</b>		<b>Transaction ID:</b> SB21B.4784.0	
Mailing Address 35 Ridge Road		Date of Disbursement MM / DD / YYYY 06 / 25 / 2007	
City Hopewell Junction	State NY	Zip Code 12533-5340	Amount of Each Disbursement this Period 617.50
Purpose of Disbursement Transportation Services: PAC Event		Category/ Type	
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:			

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB21B.4787	
Mailing Address P.O. Box 297812		Date of Disbursement MM / DD / YYYY 06 / 29 / 2007	
City Ft. Lauderdale	State FL	Zip Code 33329-7812	Amount of Each Disbursement this Period 7890.51
Purpose of Disbursement See Memo Below.		Category/ Type	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8508.01</b>
<b>TOTAL</b> 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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. DesignCuisine</b>		<b>Transaction ID:</b> SB21B.4766 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 7
Mailing Address 2659 South Shirlington Rd.		Amount of Each Disbursement this Period 676.24
City Arlington State VA Zip Code 22206	Purpose of Disbursement PAC Event: Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Haute on the Hill</b>		<b>Transaction ID:</b> SB21B.4761 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7
Mailing Address P.O. Box 912		Amount of Each Disbursement this Period 1544.25
City Great Falls State VA Zip Code 22066	Purpose of Disbursement PAC Event: Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Library of Congress</b>		<b>Transaction ID:</b> SB21B.4757 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 7
Mailing Address 101 Independence Ave., SE		Amount of Each Disbursement this Period 450.00
City Washington State DC Zip Code 20540-1099	Purpose of Disbursement PAC Event: Use of Facility Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2670.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. Lori LaFave</b>		<b>Transaction ID: SB21B.4759</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 3000.00	
City Falls Church State VA Zip Code 22046	Purpose of Disbursement PAC Fundraising Services: Fees Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lori LaFave</b>		<b>Transaction ID: SB21B.4760</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7	
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 3000.00	
City Falls Church State VA Zip Code 22046	Purpose of Disbursement PAC Fundraising Services: Fees Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lori LaFave</b>		<b>Transaction ID: SB21B.4941</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7	
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 1197.60	
City Falls Church State VA Zip Code 22046	Purpose of Disbursement Reimbursement: Airfare Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7197.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		<b>Transaction ID:</b> SB21B.4763 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 7
Mailing Address 30 Ivy St., SE		Amount of Each Disbursement this Period 1241.05
City Washington State DC Zip Code 20003	Purpose of Disbursement PAC Event: Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. National Democratic Club</b>		<b>Transaction ID:</b> SB21B.4765 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 30 Ivy St., SE		Amount of Each Disbursement this Period 1507.46
City Washington State DC Zip Code 20003	Purpose of Disbursement PAC Event: Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. National Democratic Club</b>		<b>Transaction ID:</b> SB21B.4942 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 0 7
Mailing Address 30 Ivy St., SE		Amount of Each Disbursement this Period 1681.10
City Washington State DC Zip Code 20003	Purpose of Disbursement PAC Event: Catering Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4429.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

**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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		<b>Transaction ID:</b> SB21B.4943 Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2007
Mailing Address 30 Ivy St., SE		Amount of Each Disbursement this Period 60.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Refreshments Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. The Waverly Group, Inc.</b>		<b>Transaction ID:</b> SB21B.4754 Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2007
Mailing Address 6849 Old Dominion Dr. Suite 222		Amount of Each Disbursement this Period 1015.00
City McLean State VA Zip Code 22101	Purpose of Disbursement PAC Mang't./Compliance: Fees & Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Waverly Group, Inc.</b>		<b>Transaction ID:</b> SB21B.4752 Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2007
Mailing Address 6849 Old Dominion Dr. Suite 222		Amount of Each Disbursement this Period 1015.00
City McLean State VA Zip Code 22101	Purpose of Disbursement PAC Mang't./Compliance: Fees & Expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2090.00
<b>TOTAL</b> 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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. The Waverly Group, Inc.</b>		<b>Transaction ID: SB21B.4753</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 6849 Old Dominion Dr. Suite 222		Amount of Each Disbursement this Period 1015.00
City McLean State VA Zip Code 22101		
Purpose of Disbursement PAC Mang't./Compliance: Fees & Expense		Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>B. The Waverly Group, Inc.</b>		<b>Transaction ID: SB21B.4756</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address 6849 Old Dominion Dr. Suite 222		Amount of Each Disbursement this Period 1048.55
City McLean State VA Zip Code 22101		
Purpose of Disbursement PAC Mang't./Compliance: Fees & Expenses		Category/ Type
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:		

Full Name (Last, First, Middle Initial) <b>C. The Waverly Group, Inc.</b>		<b>Transaction ID: SB21B.4755</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 6849 Old Dominion Dr. Suite 222		Amount of Each Disbursement this Period 1015.00
City McLean State VA Zip Code 22101		
Purpose of Disbursement PAC Mang't./Compliance: Fees & Expenses		Category/ Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3078.55
<b>TOTAL</b> 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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial)

A. The Waverly Group, Inc.

Mailing Address 6849 Old Dominion Dr.  
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement  
PAC Mang't./Compliance: Fees & Expenses

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4940

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

1015.00

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

1015.00

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

51884.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. ARCURI FOR CONGRESS</b>		<b>Transaction ID: SB23.4830</b> Date of Disbursement 06 / 26 / 2007
Mailing Address P.O. Box 8508		Amount of Each Disbursement this Period 2000.00
City Utica	State NY	
Zip Code 13505		
Purpose of Disbursement Contribution Candidate Name MICHAEL ANGELO ARCURI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

Full Name (Last, First, Middle Initial) <b>B. BOSWELL FOR CONGRESS</b>		<b>Transaction ID: SB23.4845</b> Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 2000.00
City Des Moines	State IA	
Zip Code 50309		
Purpose of Disbursement Contribution Candidate Name LEONARD L. BOSWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

Full Name (Last, First, Middle Initial) <b>C. CARNEY FOR CONGRESS</b>		<b>Transaction ID: SB23.4846</b> Date of Disbursement 06 / 26 / 2007
Mailing Address PO Box 38		Amount of Each Disbursement this Period 2000.00
City Dimock	State PA	
Zip Code 18816		
Purpose of Disbursement Contribution Candidate Name CHRISTOPHER CARNEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)  
SYNERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
CHET EDWARDS FOR CONGRESS

Mailing Address PO Box 23273

City WACO State TX Zip Code 76702

Purpose of Disbursement  
Contribution

Candidate Name  
CHET EDWARDS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Transaction ID: SB23.4849

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
CHRIS DODD FOR PRESIDENT INC

Mailing Address PO BOX 270701

City WEST HARTFORD State CT Zip Code 06127

Purpose of Disbursement  
Contribution

Candidate Name  
CHRISTOPHER J DODD

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District: 00

Transaction ID: SB23.4773

Date of Disbursement

03 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
CHRIS DODD FOR PRESIDENT INC

Mailing Address PO BOX 270701

City WEST HARTFORD State CT Zip Code 06127

Purpose of Disbursement  
Contribution

Candidate Name  
CHRISTOPHER J DODD

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District: 00

Transaction ID: SB23.4818

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

5000.00

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

12000.00

**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 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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. CIRO D. RODRIGUEZ FOR CONGRESS</b>		<b>Transaction ID: SB23.4872</b> Date of Disbursement
Mailing Address PO Box 14528		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City San Antonio	State TX	Zip Code 78214
Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>	
Candidate Name CIRO D RODRIGUEZ	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 23	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR ALTMIRE</b>		<b>Transaction ID: SB23.4826</b> Date of Disbursement
Mailing Address PO BOX 1776		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City FREEDOM	State PA	Zip Code 15042
Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>	
Candidate Name JASON ALTMIRE	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 4	

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO ELECT CHRIS MURPHY</b>		<b>Transaction ID: SB23.4844</b> Date of Disbursement
Mailing Address PO BOX 127		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City CHESHIRE	State CT	Zip Code 06410
Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>	
Candidate Name CHRISTOPHER SCOTT MURPHY	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. COURTNEY FOR CONGRESS</b>		<b>Transaction ID: SB23.4825</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 38 RISLEY ROAD		Amount of Each Disbursement this Period 2500.00
City VERNON State CT Zip Code 06066	Purpose of Disbursement Contribution Candidate Name JOSEPH D COURTNEY Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. ELLSWORTH FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.4875</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO BOX 62		Amount of Each Disbursement this Period 2000.00
City EVANSVILLE State IN Zip Code 47708	Purpose of Disbursement Contribution Candidate Name BRAD ELLSWORTH Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS FOR BARON HILL</b>		<b>Transaction ID: SB23.4841</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO Box 1071		Amount of Each Disbursement this Period 2000.00
City Seymour State IN Zip Code 47274	Purpose of Disbursement Contribution Candidate Name BARON P HILL Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 9	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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 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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF DICK DURBIN COMMITTEE</b>		Transaction ID: SB23.4819 Date of Disbursement
Mailing Address PO BOX 1949		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City SPRINGFIELD	State IL	Zip Code 62705
Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>	
Candidate Name RICHARD J DURBIN	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 00		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JIM MARSHALL</b>		Transaction ID: SB23.4864 Date of Disbursement
Mailing Address PO BOX 125		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City MACON	State GA	Zip Code 31201
Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>	
Candidate Name JIM MARSHALL	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 08		

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF JOHN BARROW</b>		Transaction ID: SB23.4831 Date of Disbursement
Mailing Address PO Box 8166		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Savannah	State GA	Zip Code 31412
Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>	
Candidate Name JOHN J BARROW	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. GIFFORDS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4850 Date of Disbursement
Mailing Address PO Box 27565		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Tucson	State AZ	Zip Code 85726
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name GABRIELLE GIFFORDS		<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: AZ	District: 08	

Full Name (Last, First, Middle Initial) <b>B. GILLIBRAND FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4851 Date of Disbursement
Mailing Address P.O. Box 1279		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Hudson	State NY	Zip Code 12534
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name KIRSTEN E MRS. GILLIBRAND		<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: NY	District: 20	

Full Name (Last, First, Middle Initial) <b>C. HARRY MITCHELL FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.4868 Date of Disbursement
Mailing Address PO BOX 23748		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City TEMPE	State AZ	Zip Code 85285
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period
Candidate Name HARRY E MITCHELL		<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: AZ	District: 05	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. HEATH SHULER FOR CONGRESS</b>		<b>Transaction ID: SB23.4839</b> Date of Disbursement
Mailing Address PO Box 97		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City Hazelwood	State NC	Zip Code 28738
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name JOSEPH HEATH SHULER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 11	

Full Name (Last, First, Middle Initial) <b>B. JENNY OROPEZA FOR CONGRESS</b>		<b>Transaction ID: SB23.4822</b> Date of Disbursement
Mailing Address 6380 WILSHIRE BLVD #1612		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City LOS ANGELES	State CA	Zip Code 90048
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
Candidate Name JENNY OROPEZA		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 37	

Full Name (Last, First, Middle Initial) <b>C. JOE DONNELLY FOR CONGRESS</b>		<b>Transaction ID: SB23.4847</b> Date of Disbursement
Mailing Address P.O. Box 1961 CENTURY BUILDING		<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City South Bend	State IN	Zip Code 46634
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
Candidate Name JOSEPH SIMON DONNELLY		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 2	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. JOHN HALL FOR CONGRESS</b>		Transaction ID: SB23.4854 Date of Disbursement																					
Mailing Address PO Box 469		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	7															
City Beacon	State NY	Zip Code 12508	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name JOHN JOSEPH HALL		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 19																						

Full Name (Last, First, Middle Initial) <b>B. KAGEN 4 CONGRESS</b>		Transaction ID: SB23.4858 Date of Disbursement																					
Mailing Address 100 WEST LAWRENCE STREET		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	7															
City APPLETON	State WI	Zip Code 54911	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name STEVEN LESLIE KAGEN		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WI	District: 08																						

Full Name (Last, First, Middle Initial) <b>C. KLEIN FOR CONGRESS</b>		Transaction ID: SB23.4859 Date of Disbursement																					
Mailing Address 21301 POWERLINE ROAD SUITE 204		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	6		2	0	7															
City BOCA RATON	State FL	Zip Code 33433	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution		<input type="checkbox"/>	<input type="text" value="2000.00"/>																				
Candidate Name RON KLEIN		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: FL	District: 22																						

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

**6000.00**

**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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. LAMPSON FOR CONGRESS</b>		<b>Transaction ID: SB23.4860</b> Date of Disbursement 06 / 26 / 2007
Mailing Address P.O. Box 58606		Amount of Each Disbursement this Period 2000.00
City Houston	State TX	
Zip Code 77258		
Purpose of Disbursement Contribution		
Candidate Name NICHOLAS LAMPSON		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 22		

Full Name (Last, First, Middle Initial) <b>B. LINDA STENDER FOR CONGRESS</b>		<b>Transaction ID: SB23.4780</b> Date of Disbursement 02 / 05 / 2007
Mailing Address PO BOX 730		Amount of Each Disbursement this Period -1000.00
City SCOTCH PLAINS	State NJ	
Zip Code 07076		
Purpose of Disbursement Void of Contribution Check Dated 9/13/06		
Candidate Name LINDA D STENDER		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 07		

Full Name (Last, First, Middle Initial) <b>C. MCNERNEY FOR CONGRESS</b>		<b>Transaction ID: SB23.4865</b> Date of Disbursement 06 / 26 / 2007
Mailing Address 6520 Village Parkway Second Floor		Amount of Each Disbursement this Period 2000.00
City Dublin	State CA	
Zip Code 94568		
Purpose of Disbursement Contribution		
Candidate Name JERRY MCNERNEY		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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)  
SYNERGY PAC

A. Full Name (Last, First, Middle Initial)  
MELISSA BEAN FOR CONGRESS

Mailing Address POST OFFICE BOX 3068

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement  
Contribution

Candidate Name  
MELISSA LUBURICH BEAN

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.4832

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)  
PATRICK MURPHY FOR CONGRESS

Mailing Address P.O. Box 868

City Levittown State PA Zip Code 19058

Purpose of Disbursement  
Contribution

Candidate Name  
PATRICK J MURPHY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 8

Transaction ID: SB23.4869

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)  
PAUL HODES FOR CONGRESS

Mailing Address 26 So. Main St.

City Concord State NH Zip Code 03301

Purpose of Disbursement  
Contribution

Candidate Name  
PAUL W HODES

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Transaction ID: SB23.4857

Date of Disbursement

06 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

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

6000.00

**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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. TIM MAHONEY FOR FLORIDA</b>		<b>Transaction ID: SB23.4861</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 4114 Northlake Blvd Ste 300		Amount of Each Disbursement this Period 2000.00
City State Zip Code Palm Beach Gardens FL 33410	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name TIM MAHONEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. TIM WALZ FOR US CONGRESS</b>		<b>Transaction ID: SB23.4836</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address PO BOX 938		Amount of Each Disbursement this Period 2000.00
City State Zip Code MANKATO MN 56002	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name TIMOTHY J WALZ		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 1	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. YARMUTH FOR CONGRESS</b>		<b>Transaction ID: SB23.4833</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 7
Mailing Address 1819 Brownsboro Road Suite 100		Amount of Each Disbursement this Period 2000.00
City State Zip Code Louisville KY 40206	Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name JOHN A MR YARMUTH		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 3	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# 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)

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<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)  
SYNERGY PAC

Full Name (Last, First, Middle Initial) <b>A. ZACK SPACE FOR CONGRESS COMMITTEE</b>		Transaction ID: SB23.4843
Mailing Address 714 N WOOSTER AVENUE		Date of Disbursement MM / DD / YYYY 06 / 26 / 2007
City DOVER	State OH	Zip Code 44622
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name ZACHARY T SPACE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 18	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	77500.00