

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2010 OCT 25 AM 11:27
FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

New Hampshire Bankers Association Federal BankPAC

ADDRESS (number and street) 15 N. Main Street

PO Box 2586

Check if different than previously reported. (ACC)

Concord

NH

03302

2586

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00109678

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

11

02

2010

in the State of

NH

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2010

through

10

13

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christiana Thornton

Signature of Treasurer

Christiana Thornton

Date

10

18

2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

10030473715

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Hampshire Bankers Association Federal BankPAC

Report Covering the Period: From:

M	M
1	0

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

 /

D	D
1	3

 /

Y	Y	Y	Y
2	0	1	0

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <table border="1" 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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>9</td><td>9</td><td>9</td><td>4</td><td>4</td><td>2</td></tr></table>	9	9	9	4	4	2	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>5</td><td>1</td><td>6</td><td>2</td><td>4</td><td>2</td></tr></table>	5	1	6	2	4	2
Y	Y	Y	Y																			
2	0	1	0																			
9	9	9	4	4	2																	
5	1	6	2	4	2																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>9</td><td>9</td><td>9</td><td>4</td><td>4</td><td>2</td></tr></table>	9	9	9	4	4	2															
9	9	9	4	4	2																	
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>7</td><td>2</td><td>5</td><td>0</td><td>0</td><td>0</td></tr></table>	7	2	5	0	0	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1</td><td>2</td><td>1</td><td>7</td><td>0</td><td>0</td></tr></table>	1	2	1	7	0	0								
7	2	5	0	0	0																	
1	2	1	7	0	0																	
(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%; border-collapse: collapse;"><tr><td>1</td><td>7</td><td>2</td><td>4</td><td>4</td><td>2</td></tr></table>	1	7	2	4	4	2	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1</td><td>7</td><td>3</td><td>3</td><td>2</td><td>4</td></tr></table>	1	7	3	3	2	4								
1	7	2	4	4	2																	
1	7	3	3	2	4																	
7. Total Disbursements (from Line 31).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1</td><td>3</td><td>0</td><td>8</td><td>8</td><td>0</td></tr></table>	1	3	0	8	8	0	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1</td><td>3</td><td>1</td><td>7</td><td>6</td><td>0</td></tr></table>	1	3	1	7	6	0								
1	3	0	8	8	0																	
1	3	1	7	6	0																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>4</td><td>1</td><td>5</td><td>6</td><td>4</td><td>2</td></tr></table>	4	1	5	6	4	2	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>4</td><td>1</td><td>5</td><td>6</td><td>4</td><td>2</td></tr></table>	4	1	5	6	4	2								
4	1	5	6	4	2																	
4	1	5	6	4	2																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>-</td><td>0</td><td>-</td></tr></table>	-	0	-																		
-	0	-																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>-</td><td>0</td><td>-</td></tr></table>	-	0	-																		
-	0	-																				

1003047316

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Hampshire Bankers Association Federal BankPAC

Report Covering the Period: From: 1 0 / 0 1 / 2 0 1 0 To: 1 0 / 1 3 / 2 0 1 0

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

1 3 0 0 0 0
9 5 0 0 0 0
2 2 5 0 0 0

2 3 0 0 0 0
4 8 7 0 0 0
7 1 7 0 0 0

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

- 0 -
- 0 -
2 2 5 0 0 0

- 0 -
- 0 -
7 1 7 0 0 0

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

5 0 0 0 0 0

5 0 0 0 0 0

13. All Loans Received.....

- 0 -

- 0 -

14. Loan Repayments Received.....

- 0 -

- 0 -

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

- 0 -

- 0 -

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

- 0 -

- 0 -

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

- 0 -

- 0 -

18. Transfers from Non-Federal and Levin Funds

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

- 0 -
- 0 -
- 0 -

- 0 -
- 0 -
- 0 -

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

7 2 5 0 0 0

1 2 1 7 0 0 0

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

7 2 5 0 0 0

1 2 1 7 0 0 0

10030473717

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	-0-	-0-
(ii) Non-Federal Share.....	-0-	-0-
(b) Other Federal Operating Expenditures	8 8 0 0	1 7 6 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8 8 0 0	1 7 6 0 0
22. Transfers to Affiliated/Other Party Committees.....	8 0 0 0 0 0	8 0 0 0 0 0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5 0 0 0 0 0	5 0 0 0 0 0
24. Independent Expenditures (use Schedule E)	-0-	-0-
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	-0-	-0-
26. Loan Repayments Made.....	-0-	-0-
27. Loans Made.....	-0-	-0-
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	-0-	-0-
(b) Political Party Committees	-0-	-0-
(c) Other Political Committees (such as PACs).....	-0-	-0-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	-0-	-0-
29. Other Disbursements	-0-	-0-
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	-0-	-0-
(ii) "Levin" Share.....	-0-	-0-
(b) Federal Election Activity Paid Entirely With Federal Funds	-0-	-0-
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	-0-	-0-
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1 3 0 8 8 0 0	1 3 1 7 6 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 3 0 8 8 0 0	1 3 1 7 6 0 0

10030473718

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2 2 5 0 0 0	7 1 7 0 0 0
34. Total Contribution Refunds (from Line 28(d))	- 0 -	- 0 -
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2 2 5 0 0 0	7 1 7 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8 8 0 0	1 7 6 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	- 0 -	- 0 -
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8 8 0 0	1 7 6 0 0

10030473719

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Hampshire Bankers Association Federal BankPAC

Full Name (Last, First, Middle Initial)

A. Thomas E. Garfield

Mailing Address

307 Bean Hill Road

City

Belmont

State

NH

Zip Code

03220

FEC ID number of contributing federal political committee.

C

Name of Employer

Laconia Savings Bank

Occupation

EVP/Consumer Services

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0 0

Date of Receipt

1 0 / 0 6 / 2 0 1 0

Amount of Each Receipt this Period

3 0 0 0 0

Full Name (Last, First, Middle Initial)

B. Stephen W. Ensign

Mailing Address

PO Box 64

City

Newport

State

NH

Zip Code

03773

FEC ID number of contributing federal political committee.

C

Name of Employer

Lake Sunapee Bank

Occupation

Chairman/CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0 0 0

Date of Receipt

1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

5 0 0 0 0

Full Name (Last, First, Middle Initial)

C. James J. O'Neill

Mailing Address

49 Coventry Rd.

City

Atkinson

State

NH

Zip Code

03811

FEC ID number of contributing federal political committee.

C

Name of Employer

Federal Savings Bank

Occupation

President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0

Date of Receipt

1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

2 5 0 0 0

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

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

1 0 5 0 0 0

10030473720

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

New Hampshire Bankers Association Federal BankPAC

Full Name (Last, First, Middle Initial)

A. Stephen R. Theroux

Mailing Address

69 Pressey Court

City
New London

State
NH

Zip Code
03773

FEC ID number of contributing federal political committee.

C

Name of Employer
Lake Sunapee Bank

Occupation
President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 0

Date of Receipt

1 0 / 1 3 / 2 0 1 0

Amount of Each Receipt this Period

2 5 0 0 0

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State
NH

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

2 5 0 0 0

1 3 0 0 0 0

10030473721

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

PAGE 1 OF 1

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)

New Hampshire Bankers Association Federal BankPAC

Full Name (Last, First, Middle Initial)

A. American Bankers Association BankPAC

Mailing Address

1120 Connecticut Ave., N.W.

City

Washington

State

DC

Zip Code

20036-3959

FEC ID number of contributing federal political committee.

C 0 0 0 0 4 2 7 5

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0 0 0 0

Date of Receipt

1 0 / 0 5 / 2 0 1 0

Amount of Each Receipt this Period

5 0 0 0 0 0

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

EVP/Consumer Services

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

5 0 0 0 0 0

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

5 0 0 0 0 0

10030473722

**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 1 OF 1
	<input type="checkbox"/> 21b	<input checked="" 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)
American Bankers Association BankPAC

Full Name (Last, First, Middle Initial) A. 1120 Connecticut Ave., N.W.		Date of Disbursement MM / DD / YYYY 10 / 01 / 2010
Mailing Address Washington DC 20036-3959 City State Zip Code		
Purpose of Disbursement Fair Share Goal to Annual Contribution	Category/Type 0 1 1	Amount of Each Disbursement this Period 8 0 0 0 0 0
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 checked="" type="checkbox"/> Other (specify) Annual Contribution	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		
City State Zip Code		
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....▶	8 0 0 0 0 0
TOTAL This Period (last page this line number only).....▶	8 0 0 0 0 0

10030473723

**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 1 OF 1				
	<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

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NAME OF COMMITTEE (In Full)
New Hampshire Bankers Association Federal BankPAC

10030473724

Full Name (Last, First, Middle Initial) A. Friends of Kelly Ayotte			Date of Disbursement 10 / 12 / 2010		
Mailing Address 101 Charles St.			Amount of Each Disbursement this Period 5 0 0 0 0 0		
City Manchester	State NH	Zip Code 03101			
Purpose of Disbursement Campaign Contribution			Category/ Type		
Candidate Name Kelly Ayotte			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: State: NH	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 2				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	Category/ Type		
Purpose of Disbursement			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Candidate Name			Office Sought: State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....▶	5 0 0 0 0 0
TOTAL This Period (last page this line number only).....▶	5 0 0 0 0 0

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
10/20/10

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

EL

PREPARER

10/25/10

DATE PREPARED

10030473725