

RECEIVED
FEDERAL CENTER

2007 JUN 28 AM 11:33

CONVERSENT COMMUNICATIONS, Inc. PAC
220 Bear Hill Road
Waltham, Massachusetts 02451

June 27, 2007

Mr. John D. Gibson
Assistant Staff Director
Reports Analysis Division
Federal Election Commission
Washington, D.C. 20463

Re: October Quarterly Report 11/28/06-12/31/06

Dear Mr. Gibson:

This letter is in response to the late filing of Conversent Communications, Inc. PAC for the period November 28, 2006 through December 31, 2006. Attached you will find the required completed forms for the same period. There was no activity in that period.

The delay in the filing was due to the June 30th, 2006 acquisition of Conversent Communications, Inc. Please accept my apology for any inconvenience this may have caused you. If you have any additional questions, please contact me at (781) 522-7724 or email me at eswanholm@conversent.com

Very Truly Yours,



Conversent Communications, Inc. PAC
Eric Swanholm, Treasurer

27039460725



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

February 20, 2007

RQ-7

Eric D Swanholm, Treasurer
Conversent Communications Inc PAC
220 Bear Hill Road
Waltham, MA 02451

IDENTIFICATION NUMBER: C00413328

Reference: Year-End Report 11/28/2006 - 12/31/2006

Dear Treasurer:

It has come to the attention of the Federal Election Commission that you may have failed to file the above referenced report of receipts and expenditures as required by the Federal Election Campaign Act, as amended. You were previously notified of the due date for this report.

It is important that you file this report immediately with the Federal Election Commission, 999 E Street, N.W., Washington, D.C., 20463. A copy of the report or relevant portions must also be filed with the Secretary of the State or equivalent State Officer unless the State is exempt from the federal requirement to receive and maintain paper copies. You can verify the Commission's receipt of any documents submitted by your committee on the FEC website at www.fec.gov.

The failure to timely file this report may result in civil money penalties, an audit or legal enforcement action. The civil money penalty calculation for late reports does not include a grace period and begins on the day following the due date for the report. Due to heightened security screening measures, delivery of mail by the US Postal Service may be delayed. The Commission recommends that you submit your report via overnight delivery or courier service.

If you have any questions regarding this matter, please contact Christopher Ritchie at our toll free number (800)424-9530. Our direct local number is (202)694-1130.

Sincerely,

A handwritten signature in cursive script, appearing to read "John D. Gibson".

John D. Gibson
Assistant Staff Director
Reports Analysis Division (RAD)

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEDERAL CENTER
2007 JUN 29 AM 11:33
Office Use Only

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

ADDRESS (number and street) **220 BEAR HILL ROAD**
 Check if different than previously reported. (ACC) **WALTHAM MA 02451**

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


C00413328 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:				
	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)	Dec 20 (M12) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Jan 31 (YE)	
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)		
July 15 Quarterly Report (Q2)					
October 15 Quarterly Report (Q3)					
<input checked="" type="checkbox"/> January 31 Year-End Report (YE)					
July 31 Mid-Year Report (Non-election Year Only) (MY)					
Termination Report (TER)					
	(c) 12-Day PRE-Election Report for the:				
	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)	
	Convention (12C)				
	Election on M M / D D / Y Y Y Y in the State of				
	(d) 30-Day POST-Election Report for the:				
	General (30G)	Runoff (30R)	Special (30S)		
	Election on M M / D D / Y Y Y Y in the State of				

5. Covering Period **11 / 28 / 2006** through **12 / 31 / 2006**

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 **Eric Sunbata**

Signature of Treasurer 

Date **06 27 2007**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §43/g

Office Use Only								FEC FORM 3X Rev 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Convergent Communications, Inc. PAC

Report Covering the Period: From:

11 / 28 / 2006

To:

12 / 31 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="checkbox"/> 2004		9,897.55
(b) Cash on Hand at Beginning of Reporting Period.....	18,615.55	
(c) Total Receipts (from Line 19)		-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		9,897.55
7. Total Disbursements (from Line 31).....		8,036.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,861.55	1,861.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	-	



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

27039460728

**DETAILED SUMMARY PAGE
of Receipts**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CONVERSANT COMMUNICATIONS, INC. PAC

Report Covering the Period: From: 11 / 28 / 2006

To: 12 / 31 / 2006

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)).....▶		
(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).....▶		
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶		
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

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**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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		3600
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		3600
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		8000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		8036 00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		8036 00

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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)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-	36 00
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		36 00

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

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

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

NAME OF COMMITTEE (In Full)
Conversant Communications, Inc PAZ

A. Full Name (Last, First, Middle Initial) MA		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		MM / DD / YYYY
City	State	Zip Code
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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**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 7 OF 7

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Conversent Communications, Inc PAC

Full Name (Last, First, Middle Initial)

A.

Mailing Address

MA

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

27039460733

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full)
CONVERSANT COMMUNICATIONS, INC. POZ

LOAN SOURCE Full Name (Last, First, Middle Initial)
MA

Mailing Address

City State ZIP Code

Election:
 Primary
 General
 Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period

TERMS

Date Incurred: [MM] / [DD] / [YYYY] Date Due: [MM] / [DD] / [YYYY] Interest Rate: [] % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

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

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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)
CONVERSANT COMMUNICATIONS, INC PAZ.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MA	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)			
2) TOTALS This Period (last page this line number only)			
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)			

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <i>Conversant Communications, Inc. PAC</i>	FEC IDENTIFICATION NUMBER <i>C00413328</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>NO</i>	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			

(a) SUBTOTAL of Itemized Independent Expenditures	▶
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is a political party committee) any political party committee or its agent.

Signature _____ Date _____

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SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE OF
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)
Converse Communications, Inc. PAC

Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?
 YES NO

If YES, name the designating committee:
N/A

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate		

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	
Aggregate General Election Expenditure for this Candidate		

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

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

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Conversent Communications, Inc. PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

1/15

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **OR**

if the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

27039460738

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)

Conversent Communications, Inc. PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

N/A

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %
ACTIVITY OR EVENT IDENTIFIER _____ ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	[] %	[] %

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**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

CONVERSANT Communications, Inc PAC

NAME OF ACCOUNT	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative		
ii) Generic Voter Drive		
iii) Exempt Activities		
iv) Direct Fundraising (List Activity or Event Identifier)		
a)		
b)		
c) Total Amount Transferred For Direct Fundraising		
v) Direct Candidate Support (List Activity or Event Identifier)		
a)		
b)		
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)		
TOTAL This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		
TOTAL This Period (Direct Candidate Support)		
TOTAL This Period (Public Communications Referring Only to Party)		
TOTAL This Period (Total Amount Transferred)		

27059460740

SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

CONVERSANT Communications, INC. PAZ

A. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State	Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date	
			Date M M / D D / Y Y Y Y	
FEDERAL SHARE + NONFEDERAL SHARE =			TOTAL AMOUNT	

B. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State	Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date	
			Date M M / D D / Y Y Y Y	
FEDERAL SHARE + NONFEDERAL SHARE =			TOTAL AMOUNT	

C. Full Name (Last, First, Middle Initial)			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt
City	State	Zip Code	<input type="checkbox"/> Voter Drive	<input type="checkbox"/> Direct Candidate Support
Purpose of Disbursement:			<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date	
			Date M M / D D / Y Y Y Y	
FEDERAL SHARE + NONFEDERAL SHARE =			TOTAL AMOUNT	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only): (Federal share to 21(a)(9) and NonFederal share to 21(a)(10))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Conversant Communications, Inc Pac

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
-----------------	-----------------	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration	
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	
iii) GOTV	GOTV
Total Amount Transferred for GOTV	
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID).....	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
Conversent Communications, Inc P.A.

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/Type	
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/Type	
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date M M / D D / Y Y Y Y
Purpose of Disbursement		Category/Type	
FEDERAL SHARE		+	LEVIN SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only) (Federal share to 30(a)(i) and Levin share to 30(a)(iii))		TOTAL AMOUNT	
FEDERAL SHARE		TOTAL AMOUNT	
LEVIN SHARE		TOTAL AMOUNT	
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
CONVERSANT COMMUNICATIONS, FOR PAC

NAME OF ACCOUNT
MA

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (from Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 from Line 9)		

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**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE 1 OF 2
FOR LINE NUMBER:
(check only one) 1a 2

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)
EMVERSENT Communications, INC PAZ

A.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

B.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

C.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

D.

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

Amount of Each Receipt this Period

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional).....	\$		
TOTAL This Period (just page this line number on V).....	\$		

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one) 4a 4c 5
 4b 4d

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)
Conversant Communications, Inc Pac

A. Full Name (Last, First, Middle Initial) / Full Organization Name
MA

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

D. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

E. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Date of Disbursement
M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

27039460746

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <i>CONVERSANT COMMUNICATIONS, INC PM</i>	FEC IDENTIFICATION NUMBER <i>C 00413328</i>
---	--

LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan _____	Interest Rate (APR) _____ %
---	-------------------------	--------------------------------

Mailing Address	Date Incurred or Established M / M / D D / Y Y Y Y
City State Zip Code	Date Due M / M / D D / Y Y Y Y

A. Has loan been restructured? No Yes If yes, date originally incurred _____

B. If line of credit, Total Outstanding Balance: _____
 Amount of this Draw: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: _____ Address: _____
 M / M / D D / Y Y Y Y City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M / M / D D / Y Y Y Y
---	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 i. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 ii. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 iii. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE M / M / D D / Y Y Y Y
--	-------------------------------

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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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed-Exp.</i>	Shipping Date <i>6/28/07</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm
 PREPARER
 (3/2005)

6/29/07
 DATE PREPARED

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