

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
006 JUL 19 A 9:30
Office Use Only

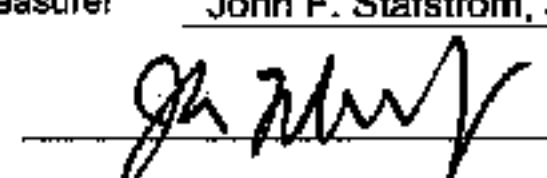
1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If Typing, type over the lines.
P U L L M A N & C O M L E Y P O L I T I C A L A C T I O N C O M M I T T E E

ADDRESS (number and street) **8 5 0 M A I N S T R E E T P O B O X 7 0 0 6**
 Check if different than previously reported. (ACC) **B R I D G E P O R T C T 0 6 8 0 1 - 7 0 0 6**

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C 0 0 2 3 0 2 0 1 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) June 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 / / in the State of
 (d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on / / in the State of

5. Covering Period / / through / /

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 John F. Stafstrom, Jr.
 Signature of Treasurer  Date / /

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

Office Use Only **FEC FORM 3X (Rev. 02/2003)**

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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Pullman & Comley Political Action Committee

Report Covering the Period: From:

M	0
M	4

 /

D	0
D	1

 /

Y	2	Y	0	Y	0	Y	6
---	---	---	---	---	---	---	---

 To:

M	0
M	6

 /

D	3
D	0

 /

Y	2	Y	0	Y	0	Y	6
---	---	---	---	---	---	---	---

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>2</td><td>Y</td><td>0</td><td>Y</td><td>0</td><td>Y</td><td>6</td></tr></table>	Y	2	Y	0	Y	0	Y	6	. 8 4 1. 7 4	. 5 9 1. 7 4
Y	2	Y	0	Y	0	Y	6			
(b) Cash on Hand at Beginning of Reporting Period 8 4 1. 7 4									
(c) Total Receipts (from Line 19).....	. 0 0 0	. 5 0 0 0. 0 0								
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	. 8 4 1. 7 4	. 5 5 9 1. 7 4								
7. Total Disbursements (from Line 31).....	. 0 0 0	. 4 7 5 0. 0 0								
8. Cash on Hand at Close of Reporting Period (SUBTRACT Line 7 from Line 6(d)) 8 4 1. 7 4	. 8 4 1. 7 4								
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

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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.....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)).....▶	0. 0 0	0. 0 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	. 0 0	4, 7 5 0. 0 0
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)).....▶	0. 0 0	0. 0 0
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)).....▶	. 0 0	0. 0 0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(b)).....	. 0 0	4, 7 5 0. 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....▶	. 0 0	4, 7 5 0. 0 0

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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).....	. 0 0	5, 0 0 0. 0 0
34. Total Contribution Refunds (from Line 28(d)).....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	. 0 0	5, 0 0 0. 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶		
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	. 0 0	0. 0 0

Bridgeport/ADMIN.ADMIN/HELLEG/597965v1

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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 1 OF 1

<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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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)

Pullman & Comley Political Action Committee

A. Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		M M / D D / Y Y Y Y	
City	State	Zip Code	
		06092	
FED ID number of contributing federal political committee		Amount of Each Receipt this Period	
C			
Name of Employer		Occupation	
Pullman & Comley, LLC		Attorney	
Receipt for:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

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:

PAGE 1 OF 1

(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)

Pullman & Comley Political Action Committee

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

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

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

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

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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 checked="" 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 checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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

MR
 PREPARER
 (3/2005)

7/19/06
 DATE PREPARED

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