

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

SYNERGY PAC

ADDRESS (number and street) 6849 Old Dominion Drive

Suite 222

Check if different than previously reported. (ACC)

McLean VA 22101

2. **FEC IDENTIFICATION NUMBER** C00409623

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 Quarterly 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 (12G)

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 03 01 2010 through 03 31 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 Leslie J. Kerman

Signature of Treasurer Electronically Filed by Leslie J. Kerman Date 04 09 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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
SYNERGY PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

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"><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		137987.13
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	111989.73									
(c) Total Receipts (from Line 19)	24009.56	28509.56								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	135999.29	166496.69								
7. Total Disbursements (from Line 31)	36489.06	66986.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99510.23	99510.23								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
SYNERGY PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
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)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	9.56	9.56
(c) Other Political Committees (such as PACs)	24000.00	28500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24009.56	28509.56
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))	24009.56	28509.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24009.56	28509.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2989.06	18486.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2989.06	18486.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	48500.00
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))..	36489.06	66986.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36489.06	66986.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	24009.56	28509.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24009.56	28509.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2989.06	18486.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2989.06	18486.46

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 18
	(check only one)	
<input type="checkbox"/> 11a	<input checked="" 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)
SYNERGY PAC

A.	Full Name (Last, First, Middle Initial) DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Receipt
	Mailing Address 430 South Capitol Street, SE 2nd Floor		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20003
	FEC ID number of contributing federal political committee.		Transaction ID: SA11B.5975
	C C00000935		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="9.56"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		In-Kind Contribution: Fun- draising Services	
Aggregate Year-to-Date ▼		<input type="text" value="9.56"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="9.56"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9.56"/>

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

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

FOR LINE NUMBER: PAGE 7 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SYNERGY PAC

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6th Street, NW
Suite 200

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 24 / 2010
Transaction ID: SA11C.5954
 Amount of Each Receipt this Period: 5000.00
 Contribution

B. Full Name (Last, First, Middle Initial)
CHICAGO BOARD OF OPTIONS EXCHANGE INC PAC

Mailing Address 400 S. LaSalle Street

City Chicago State IL Zip Code 60605

FEC ID number of contributing federal political committee. **C** C00100693

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 12 / 2010
Transaction ID: SA11C.5926
 Amount of Each Receipt this Period: 5000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL ASSOCIATION OF FIREFIGHTERS INTERESTED IN REGISTRATION AND EDUCATION

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00029447

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 12 / 2010
Transaction ID: SA11C.5927
 Amount of Each Receipt this Period: 5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 15000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SYNERGY PAC

A. Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMMUNICATIONS ASSOCIATION POLITICAL ACTION COMMITTEE (NCTA PAC)
 Mailing Address 25 Massachusetts Avenue, NW #100
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00010082
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
 03 / 03 / 2010
Transaction ID: SA11C.5928
 Amount of Each Receipt this Period
-1000.00
 Returned By Bank: Contribution Received 2/26/10

B. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE
 Mailing Address 51 Madison Ave.
Room 1109
 City New York State NY Zip Code 10010
 FEC ID number of contributing federal political committee. **C** C00158881
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
 03 / 17 / 2010
Transaction ID: SA11C.5925
 Amount of Each Receipt this Period
5000.00
 Contribution

C. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC
 Mailing Address 235 EAST 42ND STREET
 City NEW YORK State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C** C00016683
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
 03 / 24 / 2010
Transaction ID: SA11C.5955
 Amount of Each Receipt this Period
5000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 9000.00

TOTAL This Period (last page this line number only) ► 24000.00

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)

<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

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 297812</p> <p>City Ft. Lauderdale State FL Zip Code 33329-7812</p> <p>Purpose of Disbursement See Memo Below.</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5934</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1454.50"/></p>
<p>B. Full Name (Last, First, Middle Initial) Evans/CWT Transportation Napa</p> <p>Mailing Address 4075 Solano Avenue</p> <p>City Napa State CA Zip Code 94558</p> <p>Purpose of Disbursement PAC Fundraiser -- Transportation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5934.0</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="454.50"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Kuleto Village LLC Saint Helena</p> <p>Mailing Address 2470 Sage Canyon Road</p> <p>City Saint Helena State CA Zip Code 94574</p> <p>Purpose of Disbursement PAC Fundraiser: Catering Deposit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5934.1</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="1000.00"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

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 10 / 18

<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

A.

Full Name (Last, First, Middle Initial)
The Waverly Group, Inc.

Transaction ID: SB21B.5939

Date of Disbursement

Mailing Address 6849 Old Dominion Dr.
Suite 222

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	0

City State Zip Code
McLean VA 22101

Amount of Each Disbursement this Period

1525.00

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

2979.50

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) ARCURI FOR CONGRESS	Transaction ID: SB23.5899
	Mailing Address P.O. Box 8508	Date of Disbursement 03 / 23 / 2010
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name MICHAEL ANGELO ARCURI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 24	

B.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE	Transaction ID: SB23.5887
	Mailing Address PO Box 703	Date of Disbursement 03 / 23 / 2010
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement C	Category/Type
	Candidate Name G. WILLIAM (BILL) FOSTER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 14	

C.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS COMMITTEE	Transaction ID: SB23.5930
	Mailing Address PO Box 703	Date of Disbursement 03 / 23 / 2010
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement Void of Contribution Dated 2/17/10	Category/Type
	Candidate Name G. WILLIAM (BILL) FOSTER	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 14	

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

A. Full Name (Last, First, Middle Initial) BOCCIERI FOR CONGRESS <hr/> Mailing Address PO Box 20535 <hr/> City Canton State OH Zip Code 44701 <hr/> Purpose of Disbursement Contribution Candidate Name JOHN A BOCCIERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5901 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS <hr/> Mailing Address PO Box 6220 <hr/> City Des Moines State IA Zip Code 50309 <hr/> 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5886 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS <hr/> Mailing Address P.O.Box 2106 <hr/> City Montgomery State AL Zip Code 36102 <hr/> Purpose of Disbursement Contribution Candidate Name BOBBY NEAL MR. SR. BRIGHT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5895 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

A. Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS <hr/> Mailing Address PO Box 38 <hr/> City Dimock State PA Zip Code 18816 <hr/> Purpose of Disbursement Contribution Candidate Name CHRISTOPHER CARNEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5917 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
B. Full Name (Last, First, Middle Initial) CAROL SHEA-PORTER FOR CONGRESS <hr/> Mailing Address P.O. Box 453 <hr/> City Rochester State NH Zip Code 03866 <hr/> Purpose of Disbursement Contribution Candidate Name Carol Shea-Porter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5898 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) CHILDERS FOR CONGRESS <hr/> Mailing Address PO BOX 177 <hr/> City BOONEVILLE State MS Zip Code 38829 <hr/> Purpose of Disbursement Contribution Candidate Name TRAVIS W CHILDERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5908 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL 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

A.	Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS	Transaction ID: SB23.5902 Date of Disbursement																			
	Mailing Address PO Box 14528	<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>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	0												
	City San Antonio State TX Zip Code 78214	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name CIRO D RODRIGUEZ	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CONNOLLY FOR CONGRESS	Transaction ID: SB23.5940 Date of Disbursement																			
	Mailing Address PO Box 563	<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>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	0												
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name GERRY CONNOLLY	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS	Transaction ID: SB23.5885 Date of Disbursement																			
	Mailing Address 650 Fox Trails Way	<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>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	0												
	City Cincinnati State OH Zip Code 45233	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>2500.00</td></tr></table>	2500.00																		
2500.00																					
	Candidate Name STEVEN LEO DRIEHAUS	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4500.00</td></tr></table>	4500.00
4500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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) FRIENDS OF DAN MAFFEI	Transaction ID: SB23.5910 Date of Disbursement
	Mailing Address PO BOX 74	<input type="text" value="03"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City SYRACUSE State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name DANIEL BENJAMIN MAFFEI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE	Transaction ID: SB23.5919 Date of Disbursement
	Mailing Address PO Box 68444	<input type="text" value="03"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Virginia Beach State VA Zip Code 23471	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name GLENN CARLYLE III NYE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HARRY TEAGUE FOR CONGRESS	Transaction ID: SB23.5892 Date of Disbursement
	Mailing Address PO BOX 5153	<input type="text" value="03"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City HOBBS State NM Zip Code 88241	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name HARRY TEAGUE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL 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)

<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)
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement
Contribution

Candidate Name
KATHLEEN DAHLKEMPER

Office Sought: House
 Senate
 President

State: PA District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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

Mailing Address 929 Harrison Ave
Ste 305

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name
MARY JO KILROY

Office Sought: House
 Senate
 President

State: OH District: 15

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
KIRKPATRICK FOR ARIZONA

Mailing Address PO Box 993

City Prescott State AZ Zip Code 86302

Purpose of Disbursement
Contribution

Candidate Name
ANN KIRKPATRICK

Office Sought: House
 Senate
 President

State: AZ District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5911

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

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

A.	Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS	Transaction ID: SB23.5914 Date of Disbursement
	Mailing Address PO Box 3314 Suite 240	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name KURT SCHRADER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARKEY FOR CONGRESS	Transaction ID: SB23.5888 Date of Disbursement
	Mailing Address PO Box 1333	<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Fort Collins State CO Zip Code 80521	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name BETSY MARKEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NEW HOUSE PAC	Transaction ID: SB23.5923 Date of Disbursement
	Mailing Address 607 14TH ST., NW SUITE 800	<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7000.00"/>
TOTAL 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

A.

Full Name (Last, First, Middle Initial)
SCOTT MURPHY FOR CONGRESS

Transaction ID: SB23.5909

Date of Disbursement

Mailing Address 615 Glen Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	0

City State Zip Code
Glens Falls NY 12801

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
CHRISTOPHER SCOTT MURPHY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District: 05

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

33500.00
