



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
SYNERGY PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

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 .....	123383.30									
(c) Total Receipts (from Line 19) .....	87000.00	178023.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	210383.30	316011.00								
7. Total Disbursements (from Line 31) .....	81931.08	187558.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	128452.22	128452.22								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
SYNERGY PAC

Report Covering the Period: From:    To:

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) .....	24500.00	24500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	24500.00	24500.00
(b) Political Party Committees .....	0.00	9.56
(c) Other Political Committees (such as PACs) .....	62500.00	151514.31
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	87000.00	176023.87
12. Transfers From Affiliated/Other Party Committees .....	0.00	2000.00
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)) .....	87000.00	178023.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	87000.00	178023.87

## 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.....	15931.08	50558.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	15931.08	50558.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	66000.00	137000.00
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))..	81931.08	187558.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81931.08	187558.78

**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) .....	87000.00	176023.87
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	87000.00	176023.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15931.08	50558.78
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15931.08	50558.78

**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 6 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
Steven D. Barrett

Mailing Address 49 Lynn Road

City Needham State MA Zip Code 02494

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

Name of Employer Wilmer Hale Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2010

Transaction ID: SA11AI.6112

Amount of Each Receipt this Period 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Mark G. Borden

Mailing Address 195 Cliff Road

City Wellesley Hills State MA Zip Code 02481-1343

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

Name of Employer Wilmer Hale Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2010

Transaction ID: SA11AI.6108

Amount of Each Receipt this Period 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
A. William Caporizzo

Mailing Address 45 Bogle Street

City Weston State MA Zip Code 02493-1001

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

Name of Employer Wilmer Hale Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2010

Transaction ID: SA11AI.6104

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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: (check only one)	PAGE 7 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
Andrew Cohn

Mailing Address 60 State Street

City Boston State MA Zip Code 02109

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

Name of Employer Wilmer Hale Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2010

Transaction ID: SA11AI.6114

Amount of Each Receipt this Period 500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Charles T. Coursey

Mailing Address 21 Walbridge Road

City West Hartford State CT Zip Code 06119

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

Name of Employer Coursey Company Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2010

Transaction ID: SA11AI.6051

Amount of Each Receipt this Period 250.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Marc A. DiBella

Mailing Address One Gold Street Apt. 24K

City Hartford State CT Zip Code 06103

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

Name of Employer Avallone, DiBella & Associates Occupation Lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 17 / 2010

Transaction ID: SA11AI.6054

Amount of Each Receipt this Period 2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3250.00

**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 / 30  
(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)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert E. Earley, III

Mailing Address 26 Manitook Mountain Road

City Avon State CT Zip Code 06001

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

Name of Employer Comcast Occupation Director-Regulatory Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2010  
**Transaction ID:** SA11AI.6049  
 Amount of Each Receipt this Period 250.00  
 Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Richard L. Friedman

Mailing Address c/o Carpenter and Company, Inc.  
20 University Road

City Cambridge State MA Zip Code 02138

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

Name of Employer Carpenters & Company Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 23 / 2010  
**Transaction ID:** SA11AI.6116  
 Amount of Each Receipt this Period 5000.00  
 Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Elliot Alan Ginsberg

Mailing Address 22 Stuart Drive

City Bloomfield State CT Zip Code 06002

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

Name of Employer CT Center for Advanced Tech. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 17 / 2010  
**Transaction ID:** SA11AI.6048  
 Amount of Each Receipt this Period 500.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5750.00

**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 9 / 30

(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)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kaman Aerospace Corporation

Mailing Address P.O. Box 2

City State Zip Code  
Bloomfield CT 06002-0002

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 17 / 2010

Transaction ID: SA11AI.6141

Amount of Each Receipt this Period

5000.00

Contribution: Refund Issued

**B.**

Full Name (Last, First, Middle Initial)  
Mohegan Tribe

Mailing Address 5 Crow Hill Road

City State Zip Code  
Uncasville CT 06382

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 17 / 2010

Transaction ID: SA11AI.6055

Amount of Each Receipt this Period

5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Susan W. Murley

Mailing Address 30 Autumn Lane

City State Zip Code  
South Hamilton MA 01982

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

Name of Employer Occupation  
Wilmer Hale Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 23 / 2010

Transaction ID: SA11AI.6110

Amount of Each Receipt this Period

1000.00

Contribution

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

11000.00

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

A. Form/Schedule : **SA11AI**  
Transaction ID : **SA11AI.6141**

This corporate contribution has been refunded. The refund will be reflected on Synergy PAC's August 20, 2010 Monthly FEC Report.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 30
	(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)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial) David E. Redlick		Date of Receipt MM / DD / YYYY 06 / 23 / 2010
Mailing Address 73 Westerly Road		<b>Transaction ID:</b> SA11AI.6102
City Weston	State MA	Zip Code 02493-1150
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Wilmer Hale	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) Sarah A. Rothermel		Date of Receipt MM / DD / YYYY 06 / 23 / 2010
Mailing Address 17 Cumberland Street		<b>Transaction ID:</b> SA11AI.6106
City Boston	State MA	Zip Code 02115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Wilmer Hale	Occupation Attorney	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	24500.00

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

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

FOR LINE NUMBER: PAGE 12 / 30  
(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 HEALTH CARE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1201 L Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00006080

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 1 / 2 0 1 0

**Transaction ID:** SA11C.6039

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
COMCAST CORP. POLITICAL ACTION COMMITTEE

Mailing Address 1500 Market Street  
35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 4 / 2 0 1 0

**Transaction ID:** SA11C.6122

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
FMR LLC POLITICAL ACTION COMMITTEE (FIDELITY PAC)

Mailing Address 82 Devonshire Street

City State Zip Code  
Boston MA 02109

FEC ID number of contributing federal political committee. **C** C00215046

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 2 3 / 2 0 1 0

**Transaction ID:** SA11C.6119

Amount of Each Receipt this Period  
2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **12500.00**

**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 13 / 30  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.**

Full Name (Last, First, Middle Initial)  
FUELCELL ENERGY INC PAC

Mailing Address 3 GREAT PASTURE ROAD

City State Zip Code  
DANBURY CT 06813

FEC ID number of contributing federal political committee. **C** C00204180

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2010

**Transaction ID:** SA11C.6120

Amount of Each Receipt this Period  
5000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
GENERAL DYNAMICS VOLUNTARY POLITICAL CONTRIBUTION PLAN (GDVPCP)

Mailing Address 2941 Fairview Park Dr.  
Suite 100

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

**Transaction ID:** SA11C.6100

Amount of Each Receipt this Period  
5000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
HARTFORD ADVOCATES FUND, THE

Mailing Address One Hartford Plaza  
HARTFORD PLAZA

City State Zip Code  
Hartford CT 06155

FEC ID number of contributing federal political committee. **C** C00168864

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** SA11C.6046

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 14 / 30  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

**A.** Full Name (Last, First, Middle Initial)  
KEYSTONE FUND, THE

Mailing Address 607 14th Street, NW  
Suite 800

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00381681

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** SA11C.6042

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City Springfield State MA Zip Code 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** SA11C.6121

Amount of Each Receipt this Period  
5000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REAL ESTATE INVESTMENT TRUSTS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1875 Eye Street NW  
Suite 600

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00303339

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2010

**Transaction ID:** SA11C.6118

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 15 / 30

(check only one)

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

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL		Date of Receipt
	Mailing Address 1750 NEW YORK AVE NW		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WASHINGTON	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C70001136"/>
Name of Employer		Occupation	Transaction ID: SA11C.6101
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	
		Aggregate Year-to-Date ▼	Contribution
		<input type="text" value="5000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) UNITED FOOD & COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB		Date of Receipt
	Mailing Address 1775 K STREET N.W.		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WASHINGTON	DC	20006
	FEC ID number of contributing federal political committee.		<input type="text" value="C00002766"/>
Name of Employer		Occupation	Transaction ID: SA11C.6040
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	
		Aggregate Year-to-Date ▼	Contribution
		<input type="text" value="5000.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 55 Glenlake Parkway N.E.		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Atlanta	GA	30328
	FEC ID number of contributing federal political committee.		<input type="text" value="C00064766"/>
Name of Employer		Occupation	Transaction ID: SA11C.6136
Receipt For:		Amount of Each Receipt this Period	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="5000.00"/>	
		Aggregate Year-to-Date ▼	Contribution
		<input type="text" value="5000.00"/>	

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

**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 16 / 30	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) SYNERGY PAC
--

<b>A.</b>	Full Name (Last, First, Middle Initial) UNITED TECHNOLOGIES CORPORATION POLITICAL ACTION COMMITTEE		Date of Receipt																				
	Mailing Address 1401 I Stree NW Suite 600		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>7</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	6		1	7		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	6		1	7		2	0	1	0													
	City	State	Zip Code	<b>Transaction ID:</b> SA11C.6041																			
	Washington	DC	20005	Amount of Each Receipt this Period																			
FEC ID number of contributing federal political committee.		<b>C</b> C00035683	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																							
Name of Employer	Occupation		Contribution																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																			
5000.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00
5000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td>62500.00</td></tr></table>	62500.00
62500.00		



**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

A.	Full Name (Last, First, Middle Initial) 4C Partners, LLC	Transaction ID: SB21B.6096 Date of Disbursement
	Mailing Address 718 Seventh Street, N.W. Suite #300	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Fundraising: Fees	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.6137 Date of Disbursement
	Mailing Address P.O. Box 297812	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Ft. Lauderdale State FL Zip Code 33329-7812	Amount of Each Disbursement this Period
	Purpose of Disbursement See memo below.	<input type="text" value="9994.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mohegan Sun Uncasville	Transaction ID: SB21B.6137.0 Date of Disbursement
	Mailing Address 1 Mohegan Sun Blvd.	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Uncasville State CT Zip Code 06382	Amount of Each Disbursement this Period
	Purpose of Disbursement PAC Fundraiser: Lodging, Golf, Meeting Expenses	<input type="text" value="9994.67"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13994.67"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 30

<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.6099	
	Mailing Address 6849 Old Dominion Dr. Suite 222		Date of Disbursement 06 / 01 / 2010	
	City McLean	State VA	Zip Code 22101	Amount of Each Disbursement this Period 1780.83
	Purpose of Disbursement PAC Mang't./Compliance: Fees and Expenses		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1780.83
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15775.50

**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)

PAGE 19 / 30

<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

<b>A.</b> Full Name (Last, First, Middle Initial) BETTY SUTTON FOR CONGRESS Mailing Address 1700 W MARKET ST #155 City AKRON State OH Zip Code 44313 Purpose of Disbursement Contribution Candidate Name BETTY S MS. SUTTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6056 Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2010
	Amount of Each Disbursement this Period 2500.00 Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) BILL OWENS FOR CONGRESS Mailing Address PO BOX 1575 City PLATTSBURGH State NY Zip Code 12901 Purpose of Disbursement Contribution Candidate Name WILLIAM OWENS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6094 Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2010
	Amount of Each Disbursement this Period 2500.00 Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) BILL OWENS FOR CONGRESS Mailing Address PO BOX 1575 City PLATTSBURGH State NY Zip Code 12901 Purpose of Disbursement Contribution Candidate Name WILLIAM OWENS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6095 Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2010
	Amount of Each Disbursement this Period 2500.00 Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
SYNERGY PAC

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BOSWELL FOR CONGRESS</b> <hr/> Mailing Address PO Box 6220 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement Contribution Candidate Name <b>LEONARD L. BOSWELL</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6076 Date of Disbursement 06 / 14 / 2010
	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>B.</b> Full Name (Last, First, Middle Initial) <b>CARNEY FOR CONGRESS</b> <hr/> Mailing Address PO Box 38 <hr/> City Dimock State PA Zip Code 18816 <hr/> Purpose of Disbursement Contribution Candidate Name <b>CHRISTOPHER CARNEY</b> <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6064 Date of Disbursement 06 / 14 / 2010
	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>C.</b> Full Name (Last, First, Middle Initial) <b>CAROL SHEA-PORTER FOR CONGRESS</b> <hr/> Mailing Address P.O. Box 453 <hr/> City Rochester State NH Zip Code 03866 <hr/> Purpose of Disbursement Contribution Candidate Name <b>Carol Shea-Porter</b> <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: SB23.6057 Date of Disbursement 06 / 14 / 2010
	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)

<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)  
CHILDERS FOR CONGRESS

Transaction ID: SB23.6135  
Date of Disbursement

Mailing Address PO BOX 177

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

City BOONEVILLE State MS Zip Code 38829

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name  
TRAVIS W CHILDERS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MS District: 01

B.

Full Name (Last, First, Middle Initial)  
CONNOLLY FOR CONGRESS

Transaction ID: SB23.6126  
Date of Disbursement

Mailing Address PO Box 563

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

City Merrifield State VA Zip Code 22116

Amount of Each Disbursement this Period

4000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name  
GERRY CONNOLLY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

C.

Full Name (Last, First, Middle Initial)  
DINA TITUS FOR CONGRESS

Transaction ID: SB23.6092  
Date of Disbursement

Mailing Address P. O. Box 50614  
Suite C5

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

City Henderson State NV Zip Code 89016

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

--

Candidate Name  
DINA TITUS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

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

7500.00
---------

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 23 / 30

<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: SB23.6130

Date of Disbursement

Mailing Address PO BOX 74

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

City SYRACUSE State NY Zip Code 13214

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name  
DANIEL BENJAMIN MAFFEI

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

B.

Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BARROW

Transaction ID: SB23.6132

Date of Disbursement

Mailing Address PO Box 8166

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

City Savannah State GA Zip Code 31412

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name  
JOHN J BARROW

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

C.

Full Name (Last, First, Middle Initial)  
GIFFORDS FOR CONGRESS

Transaction ID: SB23.6078

Date of Disbursement

Mailing Address PO Box 27565

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	0

City Tucson State AZ Zip Code 85726

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution

Category/ Type
-------------------

Candidate Name  
GABRIELLE GIFFORDS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 08

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

7500.00
---------

**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)  
HALVORSON FOR CONGRESS

Mailing Address PO Box 176

City State Zip Code  
Crete IL 60417

Purpose of Disbursement  
Contribution

Candidate Name  
DEBORAH 'DEBBIE' HALVORSON

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Transaction ID: SB23.6060

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
HOOSIERS FOR HILL

Mailing Address PO Box 1071

City State Zip Code  
Seymour IN 47274

Purpose of Disbursement  
Contribution

Candidate Name  
BARON P HILL

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Transaction ID: SB23.6080

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
JOE DONNELLY FOR CONGRESS

Mailing Address P.O. Box 1961  
CENTURY BUILDING

City State Zip Code  
South Bend IN 46634

Purpose of Disbursement  
Contribution

Candidate Name  
JOSEPH SIMON DONNELLY

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Transaction ID: SB23.6058

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) JOE DONNELLY FOR CONGRESS	Transaction ID: SB23.6129 Date of Disbursement
	Mailing Address P.O. Box 1961 CENTURY BUILDING	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City South Bend State IN Zip Code 46634	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOSEPH SIMON DONNELLY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS	Transaction ID: SB23.6127 Date of Disbursement
	Mailing Address PO Box 469	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Beacon State NY Zip Code 12508	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name JOHN JOSEPH HALL	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.6081 Date of Disbursement
	Mailing Address 100 WEST LAWRENCE STREET	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City APPLETON State WI Zip Code 54911	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name STEVEN LESLIE KAGEN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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	Transaction ID: SB23.6063 Date of Disbursement																			
	Mailing Address PO Box 1045	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>4</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	6		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
	City Erie State PA Zip Code 16512	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 KATHLEEN DAHLKEMPER	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA	Transaction ID: SB23.6134 Date of Disbursement																			
	Mailing Address 111 NW 183RD STREET SUITE 325	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>3</td><td>0</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	6		3	0		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
	City MIAMI State FL Zip Code 33169	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 KENDRICK B MEEK	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) KIRKPATRICK FOR ARIZONA	Transaction ID: SB23.6067 Date of Disbursement																			
	Mailing Address PO Box 993	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>4</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	6		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	4		2	0	1	0												
	City Prescott State AZ Zip Code 86302	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 ANN KIRKPATRICK	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>6000.00</td></tr></table>	6000.00
6000.00		
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MARKEY FOR CONGRESS</b>  Mailing Address <b>PO Box 1333</b>  City <b>Fort Collins</b> State <b>CO</b> Zip Code <b>80521</b>  Purpose of Disbursement Contribution <input type="checkbox"/>  Candidate Name <b>BETSY MARKEY</b> <input type="checkbox"/> Category/ Type  Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼  State: <b>CO</b> District: <b>04</b>	<b>Transaction ID: SB23.6074</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	4	/	2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	1	4	/	2	0	1	0														
2500.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MARTIN HEINRICH FOR CONGRESS</b>  Mailing Address <b>2118 CENTRAL AVENUE SE #71</b>  City <b>ALBUQUERQUE</b> State <b>NM</b> Zip Code <b>87106</b>  Purpose of Disbursement Contribution <input type="checkbox"/>  Candidate Name <b>MARTIN HEINRICH</b> <input type="checkbox"/> Category/ Type  Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼  State: <b>NM</b> District: <b>01</b>	<b>Transaction ID: SB23.6079</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	4	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	1	4	/	2	0	1	0														
1000.00																							
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>MARTIN HEINRICH FOR CONGRESS</b>  Mailing Address <b>2118 CENTRAL AVENUE SE #71</b>  City <b>ALBUQUERQUE</b> State <b>NM</b> Zip Code <b>87106</b>  Purpose of Disbursement Contribution <input type="checkbox"/>  Candidate Name <b>MARTIN HEINRICH</b> <input type="checkbox"/> Category/ Type  Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2010 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼  State: <b>NM</b> District: <b>01</b>	<b>Transaction ID: SB23.6131</b> Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">4000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	8	/	2	0	1	0	4000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	2	8	/	2	0	1	0														
4000.00																							

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

**7500.00**

**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)  
MIKE MCMAHON FOR CONGRESS

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement  
Contribution

Candidate Name  
MICHAEL E. MR. MCMAHON

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 13

Transaction ID: SB23.6082

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

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

Mailing Address PO BOX 306

City IVY State VA Zip Code 22945

Purpose of Disbursement  
Contribution

Candidate Name  
THOMAS STUART PRICE PERRIELLO

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Transaction ID: SB23.6085

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
PETERS FOR CONGRESS

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement  
Contribution

Candidate Name  
GARY PETERS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

Transaction ID: SB23.6086

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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)  
RUSH HOLT FOR CONGRESS

Mailing Address PO Box 782

City Pennington State NJ Zip Code 08534

Purpose of Disbursement  
Contribution

Candidate Name  
RUSH D. HOLT

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NJ District: 12

Transaction ID: SB23.6068

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement  
Contribution

Candidate Name  
MARK HAMILTON SCHAUER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 07

Transaction ID: SB23.6089

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

Candidate Name  
TIMOTHY BISHOP

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Transaction ID: SB23.6066

Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

1000.00

**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)

PAGE 30 / 30

<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) TIM WALZ FOR US CONGRESS	Transaction ID: SB23.6128 Date of Disbursement
	Mailing Address PO BOX 938	<input type="text" value="06"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City MANKATO State MN Zip Code 56002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name TIMOTHY J WALZ	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) YARMUTH FOR CONGRESS	Transaction ID: SB23.6065 Date of Disbursement
	Mailing Address 1819 Brownsboro Road Suite 100	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Louisville State KY Zip Code 40206	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN A MR YARMUTH	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE	Transaction ID: SB23.6093 Date of Disbursement
	Mailing Address 714 N WOOSTER AVENUE	<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City DOVER State OH Zip Code 44622	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name ZACHARY T SPACE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="66000.00"/>