



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Citizens for John Olver for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	24990.00	804348.63
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	24990.00	803848.63
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	51057.00	551195.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2010.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	51057.00	549185.05
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>108434.06</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>1050.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Citizens for John Olver for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date of general election)	M	M	1	1	D	D	0	4	Y	Y	Y	Y	2	0	0	8	COLUMN C Total for <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (date after general election)  through <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> (last day of reporting period)	M	M	1	1	D	D	0	5	Y	Y	Y	Y	2	0	0	8	M	M	1	1	D	D	2	4	Y	Y	Y	Y	2	0	0	8
M	M																																																	
1	1																																																	
D	D																																																	
0	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
0	5																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
M	M																																																	
1	1																																																	
D	D																																																	
2	4																																																	
Y	Y	Y	Y																																															
2	0	0	8																																															
11. CONTRIBUTIONS (other than loans) FROM:																																																		
(a) Individuals/Persons Other than Political Committees																																																		
(i) Itemized (Use Schedule A)																																																		
1350.00	335340.53	0.00																																																
(ii) Unitemized																																																		
1755.00	51892.41	330.00																																																
(iii) Total of contributions from individuals																																																		
3105.00	387232.94	330.00																																																
(b) Political Party Committees																																																		
50.00	50.00	0.00																																																
(c) Other Political Committees																																																		
21835.00	417065.69	0.00																																																

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general Election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) Through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
24990.00	804348.63	330.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b). All Other Loans		
0.00	0.00	0.00
(c). TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)		
0.00	2010.49	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc)		
173.16	10394.17	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
25163.16	816753.29	330.00

POST ELECTION DETAILED SUMMARY PAGE

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

Citizens for John Olver for Congress

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

II. DISBURSEMENTS

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * Through * (date after general election) (last day of reporting period) (* See page 5 for date)
<b>17. OPERATING EXPENDITURES</b>		
51057.00	551195.54	10832.34
<b>18. TRANSFER TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN PAYMENTS</b>		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )		
0.00	0.00	0.00
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

COLUMN A Total this period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	Total for * Through *	COLUMN C (date after general election) (last day of reporting period) (* See page 5 for date)
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(c) Other political committees (such as PACs)

0.00	500.00	0.00
------	--------	------

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

0.00	500.00	0.00
------	--------	------

21. OTHER DISBURSEMENTS

24000.00	326000.00	2000.00
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22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

75057.00	877695.54	12832.34
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

24990.00	803848.63	330.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

51057.00	549185.05	10832.34
----------	-----------	----------

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....	158327.90
24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....	25163.16
25. SUBTOTAL(add Line 23 and Line 24) .....	183491.06
26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....	75057.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25).....	108434.06

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Citizens for John Olver for Congress

**A.**

Full Name (Last, First, Middle Initial)  
AFSCME PAC

Mailing Address Amer. Federation of State, County  
Municipal Employees, 1625 L Street

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 8

**Transaction ID:** 81202.C32005

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Association of Flight Attendants-CWA

Mailing Address 501 - 3rd Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00002089

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 81016.C31946

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Computer Sciences Corp. PAC

Mailing Address 2100 East Grand Avenue

City El Segundo State CA Zip Code 90245

FEC ID number of contributing federal political committee. **C** C00101410

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 4 / 2 0 0 8

**Transaction ID:** 81202.C32004

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.**

Full Name (Last, First, Middle Initial)  
DRIVE Teamsters PAC

Mailing Address Teamsters International  
25 Louisiana Avenue, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. C C00032979

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 81016.C31947

Amount of Each Receipt this Period 5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Genzyme Corporation PAC (GENZ-PAC)

Mailing Address 1850 K Street NW, Suite 650

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. C C00393736

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

**Transaction ID:** 81021.C31962

Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Human Rights Campaign PAC

Mailing Address 1640 Rhode Island Avenue NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. C C00235853

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2025.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 81202.C31999

Amount of Each Receipt this Period 25.00

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Website listing

**SUBTOTAL** of Receipts This Page (optional) ..... 6025.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.** Full Name (Last, First, Middle Initial)  
IBEW-COPE PAC

Mailing Address 900 Seventh Street, NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00027342

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 10 / 22 / 2008  
**Transaction ID:** 81202.C31971  
 Amount of Each Receipt this Period 5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Association of Realtors RPAC

Mailing Address 430 North Michigan Avenue

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C70002563

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 10 / 22 / 2008  
**Transaction ID:** 81202.C31970  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Postal Mail Handlers PAC

Mailing Address c/o Laborers Political League  
905 16th Street, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00345306

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 30 / 2008  
**Transaction ID:** 81202.C31995  
 Amount of Each Receipt this Period 1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7500.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 31  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.** Full Name (Last, First, Middle Initial)  
Oldcastle Materials, Inc. PAC

Mailing Address 101 Constitution Ave NW Ste 600w

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00346353

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6500.00

Date of Receipt 10 / 28 / 2008  
**Transaction ID:** 81202.C31990  
 Amount of Each Receipt this Period 2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
PPAC Professionals PAC (HDR)

Mailing Address 8404 Indian Hills Drive

City Omaha State NE Zip Code 68114

FEC ID number of contributing federal political committee. **C** C00103903

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt 10 / 18 / 2008  
**Transaction ID:** 81021.C31954  
 Amount of Each Receipt this Period 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Sierra Club PAC

Mailing Address 85 Second Street, 2nd Floor

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C** C00135368

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 20.00

Date of Receipt 10 / 16 / 2008  
**Transaction ID:** 81202.C32018  
 Amount of Each Receipt this Period 10.00

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Website Endorsement

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2510.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 31  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.** Full Name (Last, First, Middle Initial)  
United Technologies PAC

Mailing Address 1401 Eye Street, NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** 81021.C31966

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
VFW-PAC

Mailing Address 200 Maryland Avenue NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00113001

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** 81021.C31964

Amount of Each Receipt this Period  
1300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

**TOTAL** This Period (last page this line number only) ..... ► 21835.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 31  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.** Full Name (Last, First, Middle Initial)  
Bruce Evenchik

Mailing Address PO Box 2663

City State Zip Code  
Pittsfield MA 01202

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

Name of Employer Occupation  
Self-employed Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 450.00

Date of Receipt: 10 / 24 / 2008  
**Transaction ID:** 81202.C31976

Amount of Each Receipt this Period: 250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Elmer Gage

Mailing Address 45 Caroline Street

City State Zip Code  
Pittsfield MA 01201

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

Name of Employer Occupation  
Pittsfield Firefighter

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 300.00

Date of Receipt: 10 / 29 / 2008  
**Transaction ID:** 81202.C31992

Amount of Each Receipt this Period: 100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Monica Joslin

Mailing Address 185 Longview Terrace

City State Zip Code  
Williamstown MA 01267

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

Name of Employer Occupation  
MCLA Dean

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 250.00

Date of Receipt: 10 / 17 / 2008  
**Transaction ID:** 81017.C31948

Amount of Each Receipt this Period: 50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 31  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.** Full Name (Last, First, Middle Initial)  
Judith Kundl

Mailing Address 22 Lee Road

City State Zip Code  
South Deerfield MA 01373

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

Name of Employer Occupation  
Yankee Candle Co. Lawyer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 50.00

Transaction ID: 81202.C32012

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
John Notsley

Mailing Address 75 Berkshire Drive

City State Zip Code  
Williamstown MA 01267

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

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 100.00

Transaction ID: 81202.C31989

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Paul Raverta

Mailing Address 299 Jeffrey Lane

City State Zip Code  
West Springfield MA 01089

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

Name of Employer Occupation  
BCC President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Amount of Each Receipt this Period: 200.00

Transaction ID: 81202.C32003

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **350.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 31  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.** Full Name (Last, First, Middle Initial)  
Joseph Savage

Mailing Address 376 Marlborough Street #6

City Boston State MA Zip Code 02115

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

Name of Employer Goodwin Procter LLP Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 7 / 2 0 0 8

**Transaction ID:** 81017.C31949

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Christopher Sikes

Mailing Address 28 Chestnut Hill Road

City Greenfield State MA Zip Code 01301

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

Name of Employer Western Mass. Enterprise Fund Occupation Executive Director

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 0 8

**Transaction ID:** 81021.C31961

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ► **1350.00**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 31  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.

Full Name (Last, First, Middle Initial)  
Easthampton Dem Town Committee

Mailing Address 49 Mutler Street

City State Zip Code  
Easthampton MA 01027

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 8

Transaction ID: 81021.C31953

Amount of Each Receipt this Period  
50.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	50.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	50.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 31
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Florence Savings Bank

Mailing Address 85 Main Street

City State Zip Code  
Florence MA 01062-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 General 2010

Election Cycle-to-Date ▼  
10267.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81202.C32021

Amount of Each Receipt this Period  
46.74

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Florence Savings Bank

Mailing Address 85 Main Street

City State Zip Code  
Florence MA 01062-

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
 General 2010

Election Cycle-to-Date ▼  
10394.17

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81202.C32019

Amount of Each Receipt this Period  
126.42

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>173.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>173.16</b>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.** Full Name (Last, First, Middle Initial)  
BCN Telecom d/b/a Norcom, Inc.

Mailing Address 40 SE 5th Street, Suite 500

City Boca Raton State FL Zip Code 33432-

Purpose of Disbursement  
Telephone

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 81202.E7693  
Date of Disbursement

11 / 11 / 2008

Amount of Each Disbursement this Period

26.49

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

TELEPHONE

**B.** Full Name (Last, First, Middle Initial)  
Business Cards Services

Mailing Address P.O. Box 13337

City Philadelphia State PA Zip Code 19101-3337

Purpose of Disbursement  
Credit Card: See Below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 81202.E7694  
Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

188.99

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

**C.** Full Name (Last, First, Middle Initial)  
Collective Copies

Mailing Address 71 S. Pleasant Street

City Amherst State MA Zip Code 01002-

Purpose of Disbursement  
Campaign Event

Candidate Name

007  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 81202.E7696  
Date of Disbursement

11 / 15 / 2008

Amount of Each Disbursement this Period

37.81

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CAMPAIGN EVENT

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

253.29

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.

Full Name (Last, First, Middle Initial)  
Crocker Communications, Inc.

Transaction ID: 81202.E7698

Date of Disbursement

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

Mailing Address P.O. Box 710

Amount of Each Disbursement this Period

39.95
-------

City State Zip Code  
Greenfield MA 01302-

Purpose of Disbursement  
Internet Service

001
-----

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

INTERNET SERVICE

State: District:

B.

Full Name (Last, First, Middle Initial)  
Erickson and Co.

Transaction ID: 81202.E7684

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	8

Mailing Address 38 Ivy Street, S.E.

Amount of Each Disbursement this Period

4192.29
---------

City State Zip Code  
Washington DC 20003-

Purpose of Disbursement  
Fundraising

003
-----

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

FUNDRAISING

State: District:

C.

Full Name (Last, First, Middle Initial)  
Florence Savings Bank

Transaction ID: 81202.E7712

Date of Disbursement

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

Mailing Address 85 Main Street

Amount of Each Disbursement this Period

3347.50
---------

City State Zip Code  
Florence MA 01062-

Purpose of Disbursement  
Withholding

001
-----

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

WITHHOLDING

State: District:

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

7579.74
---------

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

--

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.

Full Name (Last, First, Middle Initial)  
Florence Savings Bank

Mailing Address 85 Main Street

City State Zip Code  
Florence MA 01062-

Purpose of Disbursement  
Bank Fee  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81202.E7715  
Date of Disbursement

11 / 13 / 2008

Amount of Each Disbursement this Period

28.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BANK FEE

B.

Full Name (Last, First, Middle Initial)  
Debra Guachione

Mailing Address 1115 Churchill Street

City State Zip Code  
Pittsfield MA 01201-

Purpose of Disbursement  
CREDIT CARD: SEE BELOW  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81202.E7680  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

119.05

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

CREDIT CARD: SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
Staples Pittsfield

Mailing Address 555 Hubbard Avenue

City State Zip Code  
Pittsfield MA 01201-

Purpose of Disbursement  
Office Expense  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 81202.E7681  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

55.30

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: OFFICE EXPENSE

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

147.05

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.	Full Name (Last, First, Middle Initial) Debra Guachione	Transaction ID: 81202.E7679 Date of Disbursement 10 / 17 / 2008
	Mailing Address 1115 Churchill Street	Amount of Each Disbursement this Period 436.83
	City Pittsfield State MA Zip Code 01201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Mileage Candidate Name	002 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) ▼
		TRAVEL MILEAGE

B.	Full Name (Last, First, Middle Initial) Debra Guachione	Transaction ID: 81202.E7704 Date of Disbursement 11 / 01 / 2008
	Mailing Address 1115 Churchill Street	Amount of Each Disbursement this Period 1921.58
	City Pittsfield State MA Zip Code 01201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Salary Staff Candidate Name	001 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) ▼
		SALARY STAFF

C.	Full Name (Last, First, Middle Initial) Debra Guachione	Transaction ID: 81202.E7703 Date of Disbursement 11 / 12 / 2008
	Mailing Address 1115 Churchill Street	Amount of Each Disbursement this Period 769.62
	City Pittsfield State MA Zip Code 01201-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Mileage Candidate Name	002 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) ▼
		TRAVEL MILEAGE

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

3128.03

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.

Full Name (Last, First, Middle Initial)  
Debra Guachione

Mailing Address 1115 Churchill Street

City Pittsfield State MA Zip Code 01201-

Purpose of Disbursement  
Reimbursement: See Below

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81202.E7699  
Date of Disbursement

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

Amount of Each Disbursement this Period

269.05
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

REIMBURSEMENT: SEE BELOW

B.

Full Name (Last, First, Middle Initial)  
UPS Store, The

Mailing Address 180 Elm Street

City Pittsfield State MA Zip Code 01201-

Purpose of Disbursement  
Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81202.E7702  
Date of Disbursement

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

Amount of Each Disbursement this Period

51.05
-------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]  
MEMO: POSTAGE

C.

Full Name (Last, First, Middle Initial)  
Debra Guachione

Mailing Address 1115 Churchill Street

City Pittsfield State MA Zip Code 01201-

Purpose of Disbursement  
Salary Staff

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 81202.E7705  
Date of Disbursement

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

Amount of Each Disbursement this Period

1921.58
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SALARY STAFF

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

2190.63
---------

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) J and L Caterers, Inc. <hr/> Mailing Address 191 Pomeroy Lane <hr/> City Amherst State MA Zip Code 01002- <hr/> Purpose of Disbursement Catering Campaign Event Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">007</span> Category/Type <hr/> 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) ▼	Transaction ID: 81202.E7713 Date of Disbursement <table border="1" style="width: 100%;"> <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>1</td><td>1</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">850.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CATERING CAMPAIGN EVENT	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	6	/	2	0	0	8	850.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	6	/	2	0	0	8														
850.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) F. A. Johnson <hr/> Mailing Address 669 Westhampton Road <hr/> City Florence State MA Zip Code 01062- <hr/> Purpose of Disbursement Salary Staff Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> 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) ▼	Transaction ID: 81202.E7706 Date of Disbursement <table border="1" style="width: 100%;"> <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>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">935.25</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  SALARY STAFF	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	8	935.25
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	1	/	2	0	0	8														
935.25																							
<b>C.</b>	Full Name (Last, First, Middle Initial) F. A. Johnson <hr/> Mailing Address 669 Westhampton Road <hr/> City Florence State MA Zip Code 01062- <hr/> Purpose of Disbursement Travel Mileage Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">002</span> Category/Type <hr/> 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) ▼	Transaction ID: 81202.E7707 Date of Disbursement <table border="1" style="width: 100%;"> <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>1</td><td>1</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">146.15</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  TRAVEL MILEAGE	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	1	/	2	0	0	8	146.15
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	0	1	/	2	0	0	8														
146.15																							

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

**1931.40**

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



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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

**A.** Full Name (Last, First, Middle Initial)  
MA Divn. of Unemployment Assistance

Mailing Address 19 Staniford Street

City Boston State MA Zip Code 02114-

Purpose of Disbursement

Payroll Taxes

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81202.E7689

Date of Disbursement

10 / 20 / 2008

Amount of Each Disbursement this Period

92.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

PAYROLL TAXES

**B.** Full Name (Last, First, Middle Initial)  
Commonwealth of Massachusetts

Mailing Address P.O. Box 7038

City Boston State MA Zip Code 02204-7038

Purpose of Disbursement

Withholding Staff

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81202.E7697

Date of Disbursement

11 / 11 / 2008

Amount of Each Disbursement this Period

713.34

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

WITHHOLDING STAFF

**C.** Full Name (Last, First, Middle Initial)  
Human Rights Campaign PAC

Mailing Address 1640 Rhode Island Avenue NW

City Washington State DC Zip Code 20036-

Purpose of Disbursement

Website listing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81202.C31999IK

Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

25.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

IN KIND: WEBSITE LISTING

SUBTOTAL of Disbursements This Page (optional) ▶

830.34

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.	Full Name (Last, First, Middle Initial) DCCC Political Committee <hr/> Mailing Address 430 S. Capitol Street, SE <hr/> City Washington State DC Zip Code 20003- <hr/> Purpose of Disbursement Unlimited Xfr of Excess Funds Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/Type <hr/> 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:	Transaction ID: 81202.E7678 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 30000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 UNLIMITED XFR OF EXCESS FUNDS
B.	Full Name (Last, First, Middle Initial) Tessa Simonds <hr/> Mailing Address 22 Dewey Court <hr/> City Northampton State MA Zip Code 01060- <hr/> Purpose of Disbursement Salary Staff Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> 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:	Transaction ID: 81202.E7716 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1146.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY STAFF
C.	Full Name (Last, First, Middle Initial) Tessa Simonds <hr/> Mailing Address 22 Dewey Court <hr/> City Northampton State MA Zip Code 01060- <hr/> Purpose of Disbursement Salary Staff Candidate Name <span style="float: right; border: 1px solid black; padding: 2px;">001</span> Category/Type <hr/> 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:	Transaction ID: 81202.E7717 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 1146.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 SALARY STAFF

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>32293.50</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.

Full Name (Last, First, Middle Initial)  
Tessa Simonds

Mailing Address 22 Dewey Court

City Northampton State MA Zip Code 01060-

Purpose of Disbursement

Travel Mileage

Candidate Name

002  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81202.E7718

Date of Disbursement

11 / 17 / 2008

Amount of Each Disbursement this Period

579.24

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRAVEL MILEAGE

B.

Full Name (Last, First, Middle Initial)  
Slobody Development Corp.

Mailing Address 479 West Street

City Amherst State MA Zip Code 01002-

Purpose of Disbursement

Rent Office

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81202.E7714

Date of Disbursement

11 / 01 / 2008

Amount of Each Disbursement this Period

895.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

RENT OFFICE

C.

Full Name (Last, First, Middle Initial)  
Verizon

Mailing Address 220 Brooks Street

City Worcester State MA Zip Code 01606-

Purpose of Disbursement

Telephone

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 81202.E7691

Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

115.77

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TELEPHONE

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

1590.01

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

51047.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Baker For Congress <hr/> Mailing Address PO Box 312 <hr/> City Columbia State MO Zip Code 65205-0312 <hr/> Purpose of Disbursement <hr/> Candidate Name JUDITH W BAKER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E7674 Date of Disbursement 10 / 25 / 2008	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy Boyda For Congress <hr/> Mailing Address PO Box 1474 <hr/> City Topeka State KS Zip Code 66601- <hr/> Purpose of Disbursement <hr/> Candidate Name NANCY E BOYDA <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E7671 Date of Disbursement 10 / 25 / 2008	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Carmouche for Congress Inc <hr/> Mailing Address 912 Kings Hwy <hr/> City Shreveport State LA Zip Code 71104-4236 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name PAUL J. CARMOUCHE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 81202.E7719 Date of Disbursement 11 / 15 / 2008	Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.

Full Name (Last, First, Middle Initial)  
Kathy Dahlkemper For Congress

Mailing Address 530 Seminole Drive

City Erie State PA Zip Code 16505-

Purpose of Disbursement

Candidate Name  
KATHLEEN ANN DAHLKEMPER

Office Sought:  House  
 Senate  
 President

State: PA District: 03

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 81202.E7673

Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Barney Frank for Congress Committee PAC

Mailing Address PO Box 260

City Newtonville State MA Zip Code 02160-

Purpose of Disbursement

Candidate Name  
BARNEY FRANK

Office Sought:  House  
 Senate  
 President

State: MA District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 81202.E7669

Date of Disbursement

10 / 25 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Larry Kissell for Congress NC/08

Mailing Address P.O. Box 1530

City Biscoe State NC Zip Code 27209-

Purpose of Disbursement

Candidate Name  
LARRY W KISSELL

Office Sought:  House  
 Senate  
 President

State: NC District: 08

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 81202.E7687

Date of Disbursement

10 / 22 / 2008

Amount of Each Disbursement this Period

2000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6000.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 29 / 31

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A.

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

Transaction ID: 81202.E7688  
Date of Disbursement

Mailing Address P.O. Box 317

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

City Buffalo State NY Zip Code 14226-0317

Amount of Each Disbursement this Period

Purpose of Disbursement

011  
Category/  
Type

2000.00
---------

Candidate Name  
ALICE J KRYZAN

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
State: NY District: 26  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
MONTAGANO FOR CONGRESS INC

Transaction ID: 81202.E7690  
Date of Disbursement

Mailing Address P.O. Box 1530

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

City Biscoe State NC Zip Code 27209-

Amount of Each Disbursement this Period

Purpose of Disbursement

011  
Category/  
Type

2000.00
---------

Candidate Name  
MICHAEL ANTHONY MONTAGANO

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
State: IN District: 03  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
FRIENDS OF GLENN NYE

Transaction ID: 81202.E7685  
Date of Disbursement

Mailing Address PO BOX 68444

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

City Virginia Beach State VA Zip Code 23471-

Amount of Each Disbursement this Period

Purpose of Disbursement

011  
Category/  
Type

2000.00
---------

Candidate Name  
GLENN CARLYLE NYE, III

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
State: VA District: 02  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

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

6000.00
---------

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Schauer For Congress <hr/> Mailing Address PO Box 100 <hr/> City State Zip Code Battle Creek MI 49016- <hr/> Purpose of Disbursement <hr/> Candidate Name MARK HAMILTON SCHAUER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E7672 Date of Disbursement 10 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) David Scott for Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City State Zip Code Riverdale GA 30296- <hr/> Purpose of Disbursement <hr/> Candidate Name DAVID ALBERT SCOTT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E7677 Date of Disbursement 10 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Dina Titus for Congress <hr/> Mailing Address 3711 East Sunset Road, Suite C5 <hr/> City State Zip Code Las Vegas NV 89120- <hr/> Purpose of Disbursement <hr/> Candidate Name DINA TITUS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81202.E7670 Date of Disbursement 10 / 25 / 2008 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6000.00

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

24000.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 31 / 31	
	FOR LINE NUMBER: (check only one)	<input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
Citizens for John Olver for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon			Nature of Debt (Purpose): Deposit on phone lines
Mailing Address 220 Brooks Street			
City Worcester	State MA	ZIP Code 01606-	

Outstanding Balance Beginning This Period		<b>Transaction ID: LSC24928</b>	
1050.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	1050.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1050.00
2) <b>TOTALS</b> This Period (last page this line number only).....	1050.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	1050.00