



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

Write or Type Committee Name  
BLUE DOG POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1356938.22
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	1692712.64									
(c) Total Receipts (from Line 19) .....	85823.43	1280204.73								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1778536.07	2637142.95								
7. Total Disbursements (from Line 31) .....	148285.66	1006892.54								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1630250.41	1630250.41								
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  
BLUE DOG POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	3000.00	64000.00
(ii) Unitemized .....	0.00	85.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	3000.00	64085.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	82500.00	1212250.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	85500.00	1276335.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	323.43	3869.73
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)) .....	85823.43	1280204.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	85823.43	1280204.73

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	18285.66	371892.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	18285.66	371892.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	130000.00	625000.00
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	10000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	10000.00
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))..	148285.66	1006892.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148285.66	1006892.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 29

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) .....	85500.00	1276335.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85500.00	1266335.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18285.66	371892.54
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18285.66	371892.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
**BLUE DOG POLITICAL ACTION COMMITTEE**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Lloyd N. Hand</p> <p>Mailing Address 3519 Overlook Lane, NW</p> <p>City State Zip Code <b>Washington DC 20016</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Verner, Liipfert, Bernhard Partner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 9</span></p> <p><b>Transaction ID: SA11AI.9557</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles C. Jefferson</p> <p>Mailing Address 331 A Street, NE</p> <p>City State Zip Code <b>Washington DC 20002</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation BGR Government Affairs Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 9</span></p> <p><b>Transaction ID: SA11AI.9567</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Law Offices of Frederick H. Graefe PLLC</p> <p>Mailing Address 319 Constitution Avenue, NE</p> <p>City State Zip Code <b>Washington DC 20002</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">1 0 / 2 9 / 2 0 0 9</span></p> <p><b>Transaction ID: SA11AI.9555</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Partnership Contribution: See Attribution Below.</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2000.00</span>
<b>TOTAL</b> 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 7 / 29  
(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)  
**BLUE DOG POLITICAL ACTION COMMITTEE**

<b>A.</b>	Full Name (Last, First, Middle Initial) Frederick H. Graefe	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 319 Constitution Avenue, NE	<b>Transaction ID:</b> SA11AI.9555.0
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution <b>[MEMO ITEM]</b>
Name of Employer Law Offices Frederick Graefe	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael J. O'Bannon	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 819 7th Street, NW 4th Floor	<b>Transaction ID:</b> SA11AI.9565
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer EOP Group	Occupation Lobbyist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles W Stenholm	Date of Receipt MM / DD / YYYY 10 / 29 / 2009
	Mailing Address 616 E Street, N.W. #1154	<b>Transaction ID:</b> SA11AI.9556
	City State Zip Code Washington DC 20004	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Olsson Frank and Weeda	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3000.00</b>

**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 8 / 29
	<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)  
BLUE DOG POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address 421 AVIATION WAY	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City State Zip Code FREDERICK MD 21701	<b>Transaction ID:</b> SA11C.9562
	FEC ID number of contributing federal political committee. <input type="text" value="C00131185"/>	Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="5000.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) ALPHA NATURAL RESOURCES, INC. POLITICAL ACTION COMMITTEE	Date of Receipt
	Mailing Address 999 Corporate Boulevard Suite 300	<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City State Zip Code Linthicum Heights MD 21090	<b>Transaction ID:</b> SA11C.9587
	FEC ID number of contributing federal political committee. <input type="text" value="C00348524"/>	Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="5000.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN CHIROPRACTIC ASSOCIATION PAC	Date of Receipt
	Mailing Address 1701 Clarendon Blvd	<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City State Zip Code Arlington VA 22209	<b>Transaction ID:</b> SA11C.9548
	FEC ID number of contributing federal political committee. <input type="text" value="C00102764"/>	Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer Occupation	Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="12500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29  
(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)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITION PAC (ARDA) Date of Receipt

Mailing Address 1201 15th Street NW  
Suite 400

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00358663

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  
1 0 / 0 9 / 2 0 0 9

Transaction ID: SA11C.9577

Amount of Each Receipt this Period  
Contribution 5000.00

**B.** Full Name (Last, First, Middle Initial)  
AUTOMOTIVE FREE INTERNATIONAL TRADE PAC

Mailing Address 1625 Prince Street  
Suite 225

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00250399

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  
1 0 / 2 6 / 2 0 0 9

Transaction ID: SA11C.9590

Amount of Each Receipt this Period  
Contribution 5000.00

**C.** Full Name (Last, First, Middle Initial)  
COOPERATIVE OF AMERICAN PHYSICIANS - MUTUAL PROTECTION TRUST (CAP-MPT) FEDERAL

Mailing Address 333 South Hope Street  
8th Floor

City Los Angeles State CA Zip Code 90071

FEC ID number of contributing federal political committee. **C** C00161604

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11C.9546

Amount of Each Receipt this Period  
Contribution 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **11500.00**

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29  
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 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GREENBERG TRAUIG LLP PAC

Mailing Address 1221 Brickell Avenue

City State Zip Code  
Miami FL 33131

FEC ID number of contributing federal political committee. **C** C00266585

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
1	0	/	0	9	/	2	0	0	9

**Transaction ID:** SA11C.9574

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
GROCERY MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE ('GMA PAC')

Mailing Address 1350 Eye Street Suite 300

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00250068

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
1	0	/	0	9	/	2	0	0	9

**Transaction ID:** SA11C.9571

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address 1750 New York Ave NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	9

**Transaction ID:** SA11C.9564

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 27-01 Queens Plaza North Area 4-D  
Area 4D

City State Zip Code  
Long Island City NY 11101

FEC ID number of contributing federal political committee. **C** C00040923

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
1	0	/	2	9	/	2	0	0	9

**Transaction ID:** SA11C.9552

Amount of Each Receipt this Period  
5000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS PAC (HUPAC)

Mailing Address 2000 14TH STREET, SUITE 450

City State Zip Code  
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00283135

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
1	0	/	2	9	/	2	0	0	9

**Transaction ID:** SA11C.9561

Amount of Each Receipt this Period  
2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 Duke Street  
4th floor

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00072025

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
1	0	/	0	9	/	2	0	0	9

**Transaction ID:** SA11C.9570

Amount of Each Receipt this Period  
5000.00

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 12 / 29  
(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)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 Madison Ave.  
Room 117M

City State Zip Code  
New York NY 10010

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

**Transaction ID:** SA11C.9553

Amount of Each Receipt this Period  
5000.00

Contribution

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

Mailing Address 700 Newport Center Drive

City State Zip Code  
Newport Beach CA 92660

FEC ID number of contributing federal political committee. **C** C00068528

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  
1 0 / 0 9 / 2 0 0 9

**Transaction ID:** SA11C.9568

Amount of Each Receipt this Period  
2500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 700 Newport Center Drive

City State Zip Code  
Newport Beach CA 92660

FEC ID number of contributing federal political committee. **C** C00068528

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  
1 0 / 2 9 / 2 0 0 9

**Transaction ID:** SA11C.9550

Amount of Each Receipt this Period  
2500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

**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 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
PRAXAIR, INC. POLITICAL ACTION COMMITTEE

Mailing Address 39 Old Ridgebury Road  
P. O. Box 2958

City Danbury State CT Zip Code 06813

FEC ID number of contributing federal political committee. **C** C00283440

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 09 / 2009  
**Transaction ID:** SA11C.9569  
 Amount of Each Receipt this Period: 5000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
SEMPRA ENERGY EMPLOYEES POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 101 Ash Street

City San Diego State CA Zip Code 92101

FEC ID number of contributing federal political committee. **C** C00008748

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 09 / 2009  
**Transaction ID:** SA11C.9589  
 Amount of Each Receipt this Period: 5000.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
SMITHKLINE BEECHAM CORPORATION POLITICAL ACTION COMMITTEE (GLAXOSMITHKLINE PAC)

Mailing Address Five Moore Drive  
P.O. Box 13358

City Res. Triangle Park State NC Zip Code 27709

FEC ID number of contributing federal political committee. **C** C00199703

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 29 / 2009  
**Transaction ID:** SA11C.9563  
 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 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE

Mailing Address 55 Glenlake Parkway N.E.

City Atlanta State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 09 / 2009  
**Transaction ID:** SA11C.9573  
 Amount of Each Receipt this Period: 5000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
UNIVERSAL AMERICAN CORP. PAC

Mailing Address 6 INTERNATIONAL DRIVE SUITE 190

City RYE BROOK State NY Zip Code 10573

FEC ID number of contributing federal political committee. **C** C00433029

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 10 / 29 / 2009  
**Transaction ID:** SA11C.9560  
 Amount of Each Receipt this Period: 1000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

**TOTAL** This Period (last page this line number only) ..... ► 82500.00

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

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

FOR LINE NUMBER: PAGE 15 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Chain Bridge Bank, N.A.  
Mailing Address 1445-A Laughlin Avenue

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1506.11

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 9

Transaction ID: SA17.9623

Amount of Each Receipt this Period  
167.43

Bank Interest

**B.** Full Name (Last, First, Middle Initial)  
CITIBANK F.S.B.  
Mailing Address 1001 Pennsylvania Avenue, NW

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2363.62

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA17.9624

Amount of Each Receipt this Period  
156.00

Bank Interest

**SUBTOTAL** of Receipts This Page (optional) ..... ► **323.43**

**TOTAL** This Period (last page this line number only) ..... ► **323.43**

# 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 16 / 29

<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)  
BLUE DOG POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Advanced Network Strategies <hr/> Mailing Address 236 Massachusetts Avenue, N.E. Suite 603 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement PAC Fundraising: Fees and Expenses Candidate Name <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) ▼	<b>Transaction ID:</b> SB21B.9620 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 10035.00

<b>B.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 36001 <hr/> City Fort Lauderdale State FL Zip Code 33336 <hr/> Purpose of Disbursement See Memo Below. Candidate Name <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) ▼	<b>Transaction ID:</b> SB21B.9625 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 578.99

<b>C.</b> Full Name (Last, First, Middle Initial) Tortilla Coast <hr/> Mailing Address 400 First St., SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement PAC Meeting: Catering Candidate Name <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) ▼	<b>Transaction ID:</b> SB21B.9625.0 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 578.99  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10613.99
<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 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)  
BLUE DOG POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 36001 City Fort Lauderdale State FL Zip Code 33336 Purpose of Disbursement See Memo Below. Candidate Name	Transaction ID: SB21B.9627 Date of Disbursement 10 / 31 / 2009
	Amount of Each Disbursement this Period 2345.44
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) ▼	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Tortilla Coast Mailing Address 400 First St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement PAC Meeting: Catering Candidate Name	Transaction ID: SB21B.9627.0 Date of Disbursement 10 / 07 / 2009
	Amount of Each Disbursement this Period 586.36
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) ▼	Category/Type  <b>[MEMO ITEM]</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Tortilla Coast Mailing Address 400 First St., SE City Washington State DC Zip Code 20003 Purpose of Disbursement PAC Meeting: Catering Candidate Name	Transaction ID: SB21B.9627.1 Date of Disbursement 10 / 14 / 2009
	Amount of Each Disbursement this Period 586.36
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) ▼	Category/Type  <b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2345.44
<b>TOTAL</b> 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 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)  
BLUE DOG POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Tortilla Coast	Transaction ID: SB21B.9627.2
	Mailing Address 400 First St., SE	Date of Disbursement 10 / 21 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 586.36
	Purpose of Disbursement PAC Meeting: Catering	[MEMO ITEM]
	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.	Full Name (Last, First, Middle Initial) Tortilla Coast	Transaction ID: SB21B.9627.3
	Mailing Address 400 First St., SE	Date of Disbursement 10 / 28 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 586.36
	Purpose of Disbursement PAC Meeting: Catering	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) Jeremy Lupoli	Transaction ID: SB21B.9621
	Mailing Address 415 N. Oakhurst Drive Unit 106	Date of Disbursement 10 / 16 / 2009
	City Beverly Hills State CA Zip Code 90210	Amount of Each Disbursement this Period 259.50
	Purpose of Disbursement PAC Web Site Maintenance	[MEMO ITEM]
	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) .....	259.50
<b>TOTAL</b> 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 19 / 29

<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)  
BLUE DOG POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

The Waverly Group, Inc.

Mailing Address 6849 Old Dominion Drive, Suite 222

City McLean State VA Zip Code 22101

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

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.9635

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

5064.86

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

5064.86

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

18283.79

**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 20 / 29

<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)  
BLUE DOG POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) <b>CALIFORNIA DEMOCRATIC PARTY: FEDERAL ACCOUNT</b>	<b>Transaction ID:</b> SB23.9617
	Mailing Address 1401 21ST STREET SUITE 100	Date of Disbursement 10 / 13 / 2009
	City SACRAMENTO State CA Zip Code 95814	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

B.	Full Name (Last, First, Middle Initial) <b>COLORADO DEMOCRATIC PARTY</b>	<b>Transaction ID:</b> SB23.9595
	Mailing Address 777 Sante Fe Drive	Date of Disbursement 10 / 28 / 2009
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

C.	Full Name (Last, First, Middle Initial) <b>DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA</b>	<b>Transaction ID:</b> SB23.9594
	Mailing Address 214 South Bronough Street	Date of Disbursement 10 / 28 / 2009
	City Tallahassee State FL Zip Code 32302	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>15000.00</b>
<b>TOTAL</b> 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 21 / 29

<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)  
BLUE DOG POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF OKLAHOMA</p> <p>Mailing Address 4100 North Lincoln Blvd.</p> <p>City Oklahoma City State OK Zip Code 73105</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> SB23.9593</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC PARTY OF VIRGINIA</p> <p>Mailing Address 1108 East Main Street 2nd Fl</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> SB23.9602</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DEMOCRATIC STATE CENTRAL COMMITTEE OF MARYLAND</p> <p>Mailing Address 188 Main Street , Suite 1</p> <p>City Annapolis State MD Zip Code 21401</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> SB23.9600</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>15000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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)  
BLUE DOG POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN	Transaction ID: SB23.9613 Date of Disbursement
	Mailing Address 18 N. SECOND STREET PO BOX 37	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City SAINT CLAIR State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name TIM HOLDEN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA	Transaction ID: SB23.9605 Date of Disbursement
	Mailing Address 555 Capitol Mall Suite 1425	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name DENNIS CARDOZA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF DENNIS CARDOZA	Transaction ID: SB23.9606 Date of Disbursement
	Mailing Address 555 Capitol Mall Suite 1425	<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name DENNIS CARDOZA	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA 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="15000.00"/>
<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)  
BLUE DOG POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER	Transaction ID: SB23.9609 Date of Disbursement
	Mailing Address Post Office Box 1994	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Union City State TN Zip Code 38281	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name JOHN S TANNER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN TANNER	Transaction ID: SB23.9610 Date of Disbursement
	Mailing Address Post Office Box 1994	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Union City State TN Zip Code 38281	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name JOHN S TANNER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS	Transaction ID: SB23.9607 Date of Disbursement
	Mailing Address PO BOX 97	<input type="text" value="10"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City HAZELWOOD State NC Zip Code 28738	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name JOSEPH HEATH SHULER	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	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="15000.00"/>
<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)

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

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NAME OF COMMITTEE (In Full)  
BLUE DOG POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS</p> <p>Mailing Address PO BOX 97</p> <p>City HAZELWOOD State NC Zip Code 28738</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOSEPH HEATH SHULER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9608</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) IDAHO STATE DEMOCRATIC PARTY</p> <p>Mailing Address PO Box 445</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p><b>Transaction ID:</b> SB23.9601</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) IOWA DEMOCRATIC PARTY</p> <p>Mailing Address 5661 FLEUR DRIVE</p> <p>City DES MOINES State IA Zip Code 50321</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Other</p>	<p><b>Transaction ID:</b> SB23.9596</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

15000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLUE DOG POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) KANSAS DEMOCRATIC STATE COMMITTEE</p> <p>Mailing Address PO Box 1914</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> SB23.9597 <b>Date of Disbursement:</b> 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KENTUCKY STATE DEMOCRATIC CENTRAL EXECUTIVE COMMITTEE</p> <p>Mailing Address PO Box 694</p> <p>City Frankfort State KY Zip Code 40602</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> SB23.9598 <b>Date of Disbursement:</b> 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MAINE DEMOCRATIC STATE COMMITTEE</p> <p>Mailing Address P.O. Box 5258 12 Spruce Street</p> <p>City Augusta State ME Zip Code 04330</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other</p>	<p><b>Transaction ID:</b> SB23.9604 <b>Date of Disbursement:</b> 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

15000.00

**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)  
BLUE DOG POLITICAL ACTION COMMITTEE

<p><b>A.</b> Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MIKE THOMPSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9611</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MIKE THOMPSON FOR CONGRESS</p> <p>Mailing Address 5429 Madison Avenue</p> <p>City Sacramento State CA Zip Code 95841</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MIKE THOMPSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9612</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NEW YORK STATE DEMOCRATIC COMMITTEE</p> <p>Mailing Address 60 Madison Avenue Suite 1201</p> <p>City New York State NY Zip Code 10010</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.9592</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="15000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A. NORTH DAKOTA DEMOCRATIC-NONPARTISAN LEAGUE PARTY**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 4225

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.9603

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

5000.00

**B. OUR FUTURE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 1155 21ST STREET NW SUITE 300

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.9614

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

5000.00

**C. OUR FUTURE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 1155 21ST STREET NW SUITE 300

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Void of Contribution Check Dated 3/17/09

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.9634

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

-5000.00

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
BLUE DOG POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
PENNSYLVANIA DEMOCRATIC PARTY: FEDERAL ACCOUNT

Mailing Address 510 NORTH THIRD STREET

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.9591

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
SOUTHWEST PENNSYLVANIA POLITICAL ACTION COMMITTEE (SWPA PAC)

Mailing Address 499 S CAPITOL ST SW SUITE 404

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.9618

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
TEXAS DEMOCRATIC PARTY

Mailing Address 505 W 12th Street Suite 200

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

Transaction ID: SB23.9599

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

5000.00

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

15000.00

**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 29 / 29

<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)  
BLUE DOG POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
UTAH STATE DEMOCRATIC COMMITTEE - FEDERAL

Transaction ID: SB23.9615

Date of Disbursement

Mailing Address 455 S 300 E STE 102

<sup>M</sup> 1	<sup>M</sup> 0	/	<sup>D</sup> 2	<sup>D</sup> 0	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
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City State Zip Code  
SALT LAKE CITY UT 84111

Amount of Each Disbursement this Period

5000.00
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Purpose of Disbursement  
Contribution

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Other

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

5000.00
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TOTAL This Period (last page this line number only) .....

13000.00
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