

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

IMPACT

ADDRESS (number and street) 192 Lexington Ave.  
Suite 1001  
New York NY 10016  
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00348607 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S)            |                                       |

Election on 11 / 08 / 2016 in the State of NY

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on   /   /   in the State of  

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Barrett, David, A.,

Type or Print Name of Treasurer

Signature of Treasurer Barrett, David, A., [Electronically Filed] Date 10 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**IMPACT**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		219818.90
(b) Cash on Hand at Beginning of Reporting Period.....	271089.74	
(c) Total Receipts (from Line 19) .....	34000.00	519179.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	305089.74	738998.78
7. Total Disbursements (from Line 31).....	39250.28	473159.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	265839.46	265839.46
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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**IMPACT**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	38350.00
(ii) Unitemized .....	0.00	190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	38540.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	34000.00	480500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	34000.00	519040.00
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	138.90
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.98
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 Transfers (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)).....▶	34000.00	519179.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	34000.00	519179.88

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	24250.28	292659.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	24250.28	292659.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	169500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	6000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	39250.28	473159.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39250.28	473159.32

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	34000.00	519040.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	34000.00	514040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	24250.28	292659.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	138.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	24250.28	292520.42

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
<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

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)  
**IMPACT**

**A. National Automotive Dealers Association Political Action Committee**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 8400 Westpark Drive

City Tysons	State VA	Zip Code 22102
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : C10722071**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Twenty-First Century Fox, Inc. PAC (FOX PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 400 North Capitol Street, NW Suite 890

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

**Transaction ID : C10722121**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. Ford Motor Company Civic Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 75000

City Detroit	State MI	Zip Code 48275
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

**Transaction ID : C10722072**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<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: (check only one)	PAGE 7 OF 19
<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)  
**IMPACT**

**A. Huntington Ingalls Industries PAC (SHIPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 M Street, SE  
 Suite 350  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C** C00325092  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : C10722122**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. The National Rural Electric Cooperative Association Action Committee for Rural Electrification (ACRE)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4301 Wilson Boulevard  
 City Arlington State VA Zip Code 22203  
 FEC ID number of contributing federal political committee. **C** C00002972  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2016  
**Transaction ID : C10722123**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**c. The Home Depot Inc., PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1155 F Street, NW  
 Suite 400  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00284885  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 06 / 2016  
**Transaction ID : C10722074**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<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: (check only one)	PAGE 8 OF 19
<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)  
**IMPACT**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Marsh & McLennan Companies Inc. PAC

Mailing Address 1166 Avenue of the Americas

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00457234

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		07		2016

**Transaction ID : C10722076**

Amount of Each Receipt this Period  
4000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4000.00
<b>TOTAL</b> This Period (last page this line number only).....	34000.00



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
**IMPACT**

Full Name (Last, First, Middle Initial) <b>A. NGP Van, Inc</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address 1225 Eye Street, NW Suite 1225		FEC Identification Number C [REDACTED] <b>Transaction ID : D594850</b> Amount of Each Disbursement this Period [REDACTED] 750.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Software		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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: _____	

Full Name (Last, First, Middle Initial) <b>B. Express EMPS</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address PO Box 6600		FEC Identification Number C [REDACTED] <b>Transaction ID : D594851</b> Amount of Each Disbursement this Period [REDACTED] 72.40
City Hagerstown	State MD	Zip Code 21740
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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: _____	

Full Name (Last, First, Middle Initial) <b>C. Express EMPS</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address PO Box 6600		FEC Identification Number C [REDACTED] <b>Transaction ID : D594852</b> Amount of Each Disbursement this Period [REDACTED] 19.95
City Hagerstown	State MD	Zip Code 21740
Purpose of Disbursement Credit Card Processing Fee		Category/ Type 001
Candidate Name		Memo Item <input type="checkbox"/>
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).....▶	[REDACTED] 842.35
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 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)  
**IMPACT**

Full Name (Last, First, Middle Initial) <b>A. UPS Store</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 105 East 34th Street		FEC Identification Number C [REDACTED]
City New York	State NY	Zip Code 10016
Purpose of Disbursement Postage	Category/Type 001	Transaction ID : D594882 Amount of Each Disbursement this Period 164.19
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Express EMPS</b>		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address PO Box 6600		FEC Identification Number C [REDACTED]
City Hagerstown	State MD	Zip Code 21740
Purpose of Disbursement Credit Card Processing Fee	Category/Type 001	Transaction ID : D594853 Amount of Each Disbursement this Period 17.05
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Flanagan Fulkerson &amp; Company</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016
Mailing Address 220 I Street NE Suite 250		FEC Identification Number C [REDACTED]
City Washington	State DC	Zip Code 20002
Purpose of Disbursement Consulting Services-Fundraising	Category/Type 003	Transaction ID : D594846 Amount of Each Disbursement this Period 8500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8681.24
<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"/> 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)  
**IMPACT**

Full Name (Last, First, Middle Initial) <b>A. Perkins Coie</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 1201 Third Avenue Suite 4800		FEC Identification Number C [REDACTED] <b>Transaction ID : D594877</b> Amount of Each Disbursement this Period 192.00
City Seattle	State WA	Zip Code 98101
Purpose of Disbursement Professional Services-Legal		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) <b>B. Kryzak, Lindsay, M., ,</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016
Mailing Address 458 Hobbs Lane		FEC Identification Number C [REDACTED] <b>Transaction ID : D594847</b> Amount of Each Disbursement this Period 3125.00
City Clinton Corners	State NY	Zip Code 12514
Purpose of Disbursement Political Consultant-Communications		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
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:		

Full Name (Last, First, Middle Initial) <b>C. Lynch, Michael, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016
Mailing Address 317 Tennessee Ave NE		FEC Identification Number C [REDACTED] <b>Transaction ID : D594848</b> Amount of Each Disbursement this Period 3250.00
City Washington	State DC	Zip Code 20002-6445
Purpose of Disbursement Political Consultant-Communications		001 Category/ Type
Candidate Name		<input type="checkbox"/> Memo Item
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:		

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

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

6567.00
[REDACTED]

**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"/> 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)  
**IMPACT**

Full Name (Last, First, Middle Initial)

**A. Paychex, Inc.**

Mailing Address Smallbiz Payroll  
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement Payroll Fee  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
MM / DD / YYYY  
**10 / 07 / 2016**

FEC Identification Number  
**C**  
Transaction ID : **D594869**  
Amount of Each Disbursement this Period  
**83.00**

Memo Item

Full Name (Last, First, Middle Initial)

**B. Verdolino & Lowey, P.C.**

Mailing Address 124 Washington St.  
Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement Professional Services-Accounting  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
MM / DD / YYYY  
**10 / 04 / 2016**

FEC Identification Number  
**C**  
Transaction ID : **D594849**  
Amount of Each Disbursement this Period  
**1865.51**

Memo Item

Full Name (Last, First, Middle Initial)

**C. City of New York**

Mailing Address NYC Dept. of Finance  
66 John Street, 12th Floor

City New York State NY Zip Code 10038

Purpose of Disbursement Transportation  
Candidate Name  
Category/Type **002**

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

Date of Disbursement  
MM / DD / YYYY  
**10 / 17 / 2016**

FEC Identification Number  
**C**  
Transaction ID : **D594879**  
Amount of Each Disbursement this Period  
**723.91**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... **2672.42**

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**IMPACT**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address P.O. Box 1270			FEC Identification Number C [ ] <b>Transaction ID : D594855</b> Amount of Each Disbursement this Period [ ] 153.54	
City Newark	State NJ	Zip Code 07101-1270	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card - See Below if Itemized		Category/ Type 001		
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:				

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address 600 Jefferson St. Dept. HQJ-CM			FEC Identification Number C [ ] <b>Transaction ID : D594860</b> Amount of Each Disbursement this Period [ ] 326.10	
City Houston	State TX	Zip Code 77002	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type 002		
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:				

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address 600 Jefferson St. Dept. HQJ-CM			FEC Identification Number C [ ] <b>Transaction ID : D594861</b> Amount of Each Disbursement this Period [ ] 326.10	
City Houston	State TX	Zip Code 77002	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Travel		Category/ Type 002		
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).....▶	[ ] 153.54
<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"/> 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)  
**IMPACT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address PO Box 619612		FEC Identification Number C [REDACTED] <b>Transaction ID : D594862</b> Amount of Each Disbursement this Period 78.00
City Dallas	State TX	Zip Code 75261
Purpose of Disbursement Travel		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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: _____	

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address PO Box 619612		FEC Identification Number C [REDACTED] <b>Transaction ID : D594863</b> Amount of Each Disbursement this Period 78.00
City Dallas	State TX	Zip Code 75261
Purpose of Disbursement Travel		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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: _____	

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 10 / 07 / 2016
Mailing Address PO Box 619612		FEC Identification Number C [REDACTED] <b>Transaction ID : D594864</b> Amount of Each Disbursement this Period 16.69
City Dallas	State TX	Zip Code 75261
Purpose of Disbursement Travel		Category/Type 002
Candidate Name		Memo Item <input checked="" type="checkbox"/>
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).....▶	0.00
<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"/> 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)  
**IMPACT**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address PO Box 619612			FEC Identification Number C [REDACTED] <b>Transaction ID : D594865</b> Amount of Each Disbursement this Period 16.05	
City Dallas	State TX	Zip Code 75261	Category/Type 002	
Purpose of Disbursement Travel		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:	<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address P.O. Box 20706			FEC Identification Number C [REDACTED] <b>Transaction ID : D594856</b> Amount of Each Disbursement this Period 452.10	
City Atlanta	State GA	Zip Code 30320	Category/Type 002	
Purpose of Disbursement Travel		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:	<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. The Peacock</b>			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address 301 Park Avenue			FEC Identification Number C [REDACTED] <b>Transaction ID : D594866</b> Amount of Each Disbursement this Period -1332.30	
City New York	State NY	Zip Code 10022	Category/Type 003	
Purpose of Disbursement Reception-Catering Credit		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:	<input checked="" type="checkbox"/> Memo Item			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<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"/> 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)  
**IMPACT**

**A. Mitchell's News**

Full Name (Last, First, Middle Initial)

Mailing Address 311 W 37th Street  
Floor 2

City New York State NY Zip Code 10018

Purpose of Disbursement Subscriptions

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : D594857

Amount of Each Disbursement this Period: 85.20

Memo Item

**B. Boxcar Tavern**

Full Name (Last, First, Middle Initial)

Mailing Address 224 7th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Meetings/Meals

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : D594867

Amount of Each Disbursement this Period: 46.60

Memo Item

**C. United Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address 600 Jefferson St.  
Dept. HQJ-CM

City Houston State TX Zip Code 77002

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C

Transaction ID : D594858

Amount of Each Disbursement this Period: 29.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 0.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**IMPACT**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement MM / DD / YYYY 10 / 07 / 2016	
Mailing Address 600 Jefferson St. Dept. HQJ-CM			FEC Identification Number C [REDACTED] <b>Transaction ID : D594859</b> Amount of Each Disbursement this Period [REDACTED] 29.00	
City Houston	State TX	Zip Code 77002	Category/ Type 002	
Purpose of Disbursement Travel		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:	<input checked="" type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>			Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address Smallbiz Payroll Eagle's Landing Business Park			FEC Identification Number C [REDACTED] <b>Transaction ID : D594870</b> Amount of Each Disbursement this Period [REDACTED] 5333.73	
City Rochester	State NY	Zip Code 14623	Category/ Type 001	
Purpose of Disbursement Payroll Payment (See Below)		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:	<input type="checkbox"/> Memo Item			

Full Name (Last, First, Middle Initial) <b>C. Paychex, Inc.</b>			Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address Smallbiz Payroll Eagle's Landing Business Park			FEC Identification Number C [REDACTED] <b>Transaction ID : D594871</b> Amount of Each Disbursement this Period [REDACTED] 2070.15	
City Rochester	State NY	Zip Code 14623	Category/ Type 001	
Purpose of Disbursement Payroll Taxes/Withholdings		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:	<input checked="" type="checkbox"/> Memo Item			

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

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

[REDACTED] 5333.73
[REDACTED]

**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"/> 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)  
**IMPACT**

Full Name (Last, First, Middle Initial) <b>A. Bart, Samuel, E., ,</b>			Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 65 Ainslie Street Apartment 407			FEC Identification Number C [REDACTED] <b>Transaction ID : D594872</b> Amount of Each Disbursement this Period [REDACTED] 939.90	
City Brooklyn	State NY	Zip Code 11211-3434	Category/Type 001	
Purpose of Disbursement Payroll			Memo Item <input checked="" type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) <b>B. Kutryb, Nicholas, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 455 West 37th Street Apartment 2208			FEC Identification Number C [REDACTED] <b>Transaction ID : D594873</b> Amount of Each Disbursement this Period [REDACTED] 1756.80	
City New York	State NY	Zip Code 10018	Category/Type 001	
Purpose of Disbursement Payroll			Memo Item <input checked="" type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) <b>C. Weiland, Liam, , ,</b>			Date of Disbursement MM / DD / YYYY 10 / 14 / 2016	
Mailing Address 136 Eldridge Street Apartment 15			FEC Identification Number C [REDACTED] <b>Transaction ID : D594874</b> Amount of Each Disbursement this Period [REDACTED] 566.88	
City New York	State NY	Zip Code 10002	Category/Type 001	
Purpose of Disbursement Payroll			Memo Item <input checked="" type="checkbox"/>	
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:				

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

[REDACTED] 0.00

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

[REDACTED] 24250.28

**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"/> 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)  
**IMPACT**

**A. Zephyr Teachout for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 491

City Rosendale State NY Zip Code 12472

Purpose of Disbursement Contribution

Candidate Name Teachout, Zephyr, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NY District: 19

Date of Disbursement: 10 / 19 / 2016

FEC Identification Number: C00608174  
Transaction ID : D594893  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**B. Montana Democratic Party**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 802

City Helena State MT Zip Code 59624

Purpose of Disbursement 2016 Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) 2016 Contribution

State: District:

Date of Disbursement: 10 / 06 / 2016

FEC Identification Number: C00010033  
Transaction ID : D594854  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**C. Democratic Party of New Mexico**

Full Name (Last, First, Middle Initial)  
Mailing Address 322 Adams Street, SE

City Albuquerque State NM Zip Code 87108

Purpose of Disbursement 2016 Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) 2016 Contribution

State: District:

Date of Disbursement: 10 / 07 / 2016

FEC Identification Number: C00161810  
Transaction ID : D594868  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

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