

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Impact

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		53360.36
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	63862.86									
(c) Total Receipts (from Line 19)	17500.00	206000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81362.86	259360.36								
7. Total Disbursements (from Line 31)	31683.36	209680.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49679.50	49679.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Impact

Report Covering the Period: From:

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	0.00	4000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	4000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	17500.00	202000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17500.00	206000.00
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.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	17500.00	206000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17500.00	206000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3683.36	29930.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3683.36	29930.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	174750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	1000.00	5000.00
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))..	31683.36	209680.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31683.36	209680.86

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17500.00	206000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17500.00	206000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3683.36	29930.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3683.36	29930.86

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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

Full Name (Last, First, Middle Initial) A. Capital One Associates Political Fund		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6	
Mailing Address 1680 Capital One Dr.		Transaction ID: C38941	
City State Zip Code McLean VA 22102	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00326595			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Chicago Mercantile Exchange PAC		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 20 South Wacker Dr.		Transaction ID: C38950	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C C00076299			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. ENPAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6	
Mailing Address 101 Constitution Ave., NW Suite 200 East		Transaction ID: C38945	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C C00363879			
Name of Employer Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 14
	(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)
Impact

Full Name (Last, First, Middle Initial) A. Orthopaedic PAC		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address American Association of Orthopaedi 317 Massachusetts Ave., NE		Transaction ID: C38944
City Washington State DC Zip Code 20002	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00343137		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Realtors Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 430 N. Michigan Ave.		Transaction ID: C38946
City Chicago State IL Zip Code 60611	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C C00030718		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	17500.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Impact

Full Name (Last, First, Middle Initial) A. 509 Madison Avenue Associates, LP		Transaction ID: D5627 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address c/o Kensico Properties 509 Madison Ave.		Amount of Each Disbursement this Period 232.57
City New York State NY Zip Code 10022	Purpose of Disbursement Rent (includes utilities) Candidate Name	
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) ▼
Purpose of Disbursement Rent (includes utilities) Candidate Name		

Full Name (Last, First, Middle Initial) B. 509 Madison Avenue Associates, LP		Transaction ID: D5628 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address c/o Kensico Properties 509 Madison Ave.		Amount of Each Disbursement this Period 232.57
City New York State NY Zip Code 10022	Purpose of Disbursement Rent (includes utilities) Candidate Name	
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) ▼
Purpose of Disbursement Rent (includes utilities) Candidate Name		

Full Name (Last, First, Middle Initial) C. Kelly Glynn		Transaction ID: D5626 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6
Mailing Address 1022 Third Ave. Apt. 4		Amount of Each Disbursement this Period 250.00
City New York State NY Zip Code 10021	Purpose of Disbursement Consulting Services-Fundraising Candidate Name	
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) ▼
Purpose of Disbursement Consulting Services-Fundraising Candidate Name		

Not For Federal Candidate

SUBTOTAL of Disbursements This Page (optional) ▶	715.14
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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)
Impact

Full Name (Last, First, Middle Initial) A. Daniel Krupnick		Transaction ID: D5625 Date of Disbursement 10 / 23 / 2006
Mailing Address 206 West 88th St. Apt. 5E		Amount of Each Disbursement this Period 583.33
City New York State NY Zip Code 10024	Not For Federal Candidate	
Purpose of Disbursement Consulting Services-Fundraising Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Verdolino & Lowey, P.C.		Transaction ID: D5624 Date of Disbursement 11 / 02 / 2006
Mailing Address 124 Washington St. Suite 101		Amount of Each Disbursement this Period 776.50
City Foxboro State MA Zip Code 02035	Not For Federal Candidate	
Purpose of Disbursement Professional Services Accounting Candidate Name		001 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Verizon		Transaction ID: D5629 Date of Disbursement 11 / 02 / 2006
Mailing Address PO Box 15124		Amount of Each Disbursement this Period 50.31
City Albany State NY Zip Code 12212	Not For Federal Candidate	
Purpose of Disbursement Telephone Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1410.14
TOTAL This Period (last page this line number only) ▶	(Empty)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 14

<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)
Impact

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: D5631 Date of Disbursement 11 / 14 / 2006
Mailing Address P.O. Box 2853		Amount of Each Disbursement this Period 1544.90
City New York State NY Zip Code 10116	Purpose of Disbursement Credit Card - See Below If Itemized Candidate Name	
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 001

Full Name (Last, First, Middle Initial) B. Catering By Windows		Transaction ID: D5632 Date of Disbursement 11 / 14 / 2006
Mailing Address 5724 General Washington Dr.		Amount of Each Disbursement this Period 1527.90
City Alexandria State VA Zip Code 22312	Purpose of Disbursement Reception Cost- Not for Fed Candidate Candidate Name	
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 003 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	1544.90
TOTAL This Period (last page this line number only)	3670.18

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 11 / 14

<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)
Impact

Full Name (Last, First, Middle Initial) A. Friends of Dan Maffei		Transaction ID: D5640 Date of Disbursement 11 / 01 / 2006
Mailing Address PO Box 74		Amount of Each Disbursement this Period 5000.00
City Syracuse	State NY Zip Code 13214	
Purpose of Disbursement 2006 NY-H-25-General		
Candidate Name Daniel Maffei		
Office Sought: <input checked="" 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: NY District: 25		

Full Name (Last, First, Middle Initial) B. Gillibrand for Congress		Transaction ID: D5641 Date of Disbursement 11 / 01 / 2006
Mailing Address PO Box 1279		Amount of Each Disbursement this Period 5000.00
City Hudson	State NY Zip Code 12534	
Purpose of Disbursement 2006 NY-H-20-General		
Candidate Name Kirsten E. Gillibrand		
Office Sought: <input checked="" 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: NY District: 20		

Full Name (Last, First, Middle Initial) C. Massa for Congress		Transaction ID: D5642 Date of Disbursement 11 / 01 / 2006
Mailing Address 59 East Market St. Suite 244		Amount of Each Disbursement this Period 1000.00
City Corning	State NY Zip Code 14830	
Purpose of Disbursement 2006 NY-H-29-General		
Candidate Name Eric Massa		
Office Sought: <input checked="" 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: NY District: 29		

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Impact

Full Name (Last, First, Middle Initial) A. Mejias for Congress		Transaction ID: D5643 Date of Disbursement 11 / 01 / 2006
Mailing Address 124 Sunrise Dr.		Amount of Each Disbursement this Period 1000.00
City North Massapequa	State NY	
Zip Code 11758	Purpose of Disbursement 2006 NY-H-03-General Candidate Name David Mejias Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Minnesota Democratic Farmer Labor Party		Transaction ID: D5639 Date of Disbursement 10 / 26 / 2006
Mailing Address 255 East Plato Blvd.		Amount of Each Disbursement this Period 5000.00
City Saint Paul	State MN	
Zip Code 55107	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
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) ▼	

Full Name (Last, First, Middle Initial) C. NY State Democratic Committee		Transaction ID: D5638 Date of Disbursement 10 / 24 / 2006
Mailing Address 60 Madison Ave. Suite 1201		Amount of Each Disbursement this Period 5000.00
City New York	State NY	
Zip Code 10010	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

<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)
Impact

Full Name (Last, First, Middle Initial) A. Rhode Island Democratic State Committee		Transaction ID: D5636																					
Mailing Address PO Box 6004		Date of Disbursement																					
City Providence State RI Zip Code 02940		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	3		2	0	0	6														
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>5000.00</td> </tr> </table>		5000.00																			
5000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		011																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Disbursements This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	27000.00

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)

PAGE 14 / 14

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Impact

Full Name (Last, First, Middle Initial) A. Albany County Democratic Party		Transaction ID: D5637																					
Mailing Address 3 Oxford Rd.		Date of Disbursement																					
City Albany State NY Zip Code 12203		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0		2	4		2	0	0	6														
Purpose of Disbursement Non-Federal Contribution		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		011																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00