

# 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 checked="" type="checkbox"/> Jan 31 (YE)                |

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

Election on M M / D D / Y Y Y Y Y Y in the State of  

- (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 M M / D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y Y Y 11 / 29 / 2016 through M M / D D / Y Y Y Y Y Y 12 / 31 / 2016

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

Lowey, Keith, , ,

Type or Print Name of Treasurer

Signature of Treasurer Lowey, Keith, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2017

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)

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"/>	<input type="text"/>	<input type="text" value="219818.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="428501.93"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="35970.05"/>	<input type="text" value="787650.04"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="464471.98"/>	<input type="text" value="1007468.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="96092.04"/>	<input type="text" value="639089.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="368379.94"/>	<input type="text" value="368379.94"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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	53350.00
(ii) Unitemized .....	0.00	190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	53540.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	35000.00	709000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35000.00	762540.00
12. Transfers From Affiliated/Other Party Committees.....	617.83	24617.83
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).....	352.00	490.90
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.22	1.31
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)).....▶	35970.05	787650.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35970.05	787650.04

**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 .....	35092.04	387589.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	35092.04	387589.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61000.00	240500.00
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)) ..	96092.04	639089.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96092.04	639089.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	35000.00	762540.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35000.00	757540.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	35092.04	387589.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	352.00	490.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	34740.04	387098.10

**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 30
<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Insured Retirement Institute, Inc. PAC**

Mailing Address 1100 Vermont Ave NW  
FI 10

City Washington State DC Zip Code 20005-6327

FEC ID number of contributing federal political committee. **C** C00490474

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 30 / 2016  
**Transaction ID : VTE5WA4M350**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 16011 NE 36Th Way

City Redmond State WA Zip Code 98052-6301

FEC ID number of contributing federal political committee. **C** C00227546

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 30 / 2016  
**Transaction ID : VTE5WA4KHK2**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. National Community Pharmacists Association PAC**

Mailing Address 100 Daingerfield Rd

City Alexandria State VA Zip Code 22314-2886

FEC ID number of contributing federal political committee. **C** C00030809

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 30 / 2016  
**Transaction ID : VTE5WA4M724**

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 30
<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. Cigna Corporation PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 Pennsylvania Ave NW  
 South Building, Suite 835  
 City Washington State DC Zip Code 20004-2601  
 FEC ID number of contributing federal political committee. **C** C00085316  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : VTE5WA4MA54**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Norfolk Southern Corporation Good Government Fund**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Constitution Ave NE  
 City Washington State DC Zip Code 20002-5618  
 FEC ID number of contributing federal political committee. **C** C00009282  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 30 / 2016  
**Transaction ID : VTE5WA4KRG4**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Bipartisan PAC/Bank Of NY Mellon Corp. BIPAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Bny Mellon Center  
 Rm 3225  
 City Pittsburgh State PA Zip Code 15258-0001  
 FEC ID number of contributing federal political committee. **C** C00017558  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 08 / 2016  
**Transaction ID : VTE5WA56EK4**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<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 30
<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. New York Life Insurance PAC**

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

Mailing Address 51 Madison Ave  
Rm 1109

City New York State NY Zip Code 10010-1603

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: **12 / 14 / 2016**

**Transaction ID : VTE5WACA317**

Amount of Each Receipt this Period: 2500.00

Memo Item

**B. XCEL Energy Employee Political Action Committee (XPAC)**

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

Mailing Address 1800 Larimer St  
FI 1600

City Denver State CO Zip Code 80202-1408

FEC ID number of contributing federal political committee. **C** C00107771

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: **11 / 29 / 2016**

**Transaction ID : VTE5WA4M4Z8**

Amount of Each Receipt this Period: 5000.00

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

Amount of Each Receipt this Period

Memo Item

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

**TOTAL** This Period (last page this line number only)..... ▶ 35000.00



**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 9 OF 30
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Schumer Committee For The Majority**

Mailing Address 120 Maryland Ave NE

City Washington	State DC	Zip Code 20002-5610
--------------------	-------------	------------------------

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 ▼  
24617.83

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	16	/	2016

**Transaction ID : VTE5WA50040**

Amount of Each Receipt this Period  
617.83

Memo Item

Joint Fundraiser

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

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

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

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).....▶	617.83
<b>TOTAL</b> This Period (last page this line number only).....▶	617.83

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

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NAME OF COMMITTEE (In Full)  
**IMPACT**

**A. Perkins Coie**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1201 3Rd Ave  
Ste 4800

City Seattle State WA Zip Code 98101-3266

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 ▼  
352.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 15 / 2016

**Transaction ID : VTE5WBPA713**

Amount of Each Receipt this Period  
352.00

Memo Item

Professional Services-Legal Refund

**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 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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	352.00
<b>TOTAL</b> This Period (last page this line number only).....	352.00

**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. Perkins Coie</b>			Date of Disbursement MM / DD / YYYY 12 / 19 / 2016	
Mailing Address 1201 3Rd Ave Ste 4800			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDB</b> Amount of Each Disbursement this Period [REDACTED] 799.50	
City Seattle	State WA	Zip Code 98101-3266	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Professional Services-Legal		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. Paychex, Inc.</b>			Date of Disbursement MM / DD / YYYY 12 / 12 / 2016	
Mailing Address Smallbiz Payroll Eagle's Landing Business Park			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDAI</b> Amount of Each Disbursement this Period [REDACTED] 83.00	
City Rochester	State NY	Zip Code 14623	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Fee		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>C. Paychex, Inc.</b>			Date of Disbursement MM / DD / YYYY 12 / 15 / 2016	
Mailing Address Smallbiz Payroll Eagle's Landing Business Park			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDB</b> Amount of Each Disbursement this Period [REDACTED] 5333.73	
City Rochester	State NY	Zip Code 14623	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Payroll Payment (See Below)		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:				

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

[REDACTED] 6216.23

**TOTAL** 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)  
**A. Paychex, Inc.**

Date of Disbursement: MM / DD / YYYY  
12 / 15 / 2016

Mailing Address: Smallbiz Payroll  
Eagle's Landing Business Park

City: Rochester State: NY Zip Code: 14623

Purpose of Disbursement: Payroll Taxes/Withholdings  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C  
Transaction ID : VTD6M9QDB  
Amount of Each Disbursement this Period: 2070.11  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. Weiland, Liam, , ,**

Date of Disbursement: MM / DD / YYYY  
12 / 15 / 2016

Mailing Address: 136 Eldridge St  
Apt 15

City: New York State: NY Zip Code: 10002-3722

Purpose of Disbursement: Payroll  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C  
Transaction ID : VTD6M9QDB  
Amount of Each Disbursement this Period: 566.89  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. Kutryb, Nicholas, , ,**

Date of Disbursement: MM / DD / YYYY  
12 / 15 / 2016

Mailing Address: 455 W 37Th St  
Apt 2208

City: New York State: NY Zip Code: 10018-4793

Purpose of Disbursement: Payroll  
Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number: C  
Transaction ID : VTD6M9QDB  
Amount of Each Disbursement this Period: 1756.82  
 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. Bart, Samuel, E., ,</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2016
Mailing Address 65 Ainslie St Apt 407		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDB</b> Amount of Each Disbursement this Period 939.91
City Brooklyn	State NY	Zip Code 11211-3442
Purpose of Disbursement Payroll		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Express EMPS</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address PO Box 6600		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDAI</b> Amount of Each Disbursement this Period 151.68
City Hagerstown	State MD	Zip Code 21741-6600
Purpose of Disbursement Credit Card Processing Fee		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. New York State Office Of Health</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2016
Mailing Address PO Box 8000		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9MFW</b> Amount of Each Disbursement this Period 832.30
City Rensselaer	State NY	Zip Code 12144-8000
Purpose of Disbursement Health Insurance		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:	<input type="checkbox"/> Memo Item	

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

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

983.98
[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. Verdolino &amp; Lowey, P.C.</b>			Date of Disbursement MM / DD / YYYY 12 / 07 / 2016	
Mailing Address 124 Washington St Ste 101			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDA</b> Amount of Each Disbursement this Period 2504.84	
City Foxboro	State MA	Zip Code 02035-1368	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Professional Services-Accounting		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. Cres Inc.</b>			Date of Disbursement MM / DD / YYYY 12 / 22 / 2016	
Mailing Address 192 Lexington Ave Rm 1205			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDB!</b> Amount of Each Disbursement this Period 2247.54	
City New York	State NY	Zip Code 10016-6823	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Rent & Utilities		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>C. Express EMPS</b>			Date of Disbursement MM / DD / YYYY 12 / 02 / 2016	
Mailing Address PO Box 6600			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDA</b> Amount of Each Disbursement this Period 157.09	
City Hagerstown	State MD	Zip Code 21741-6600	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fee		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4909.47
<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 Express</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address PO Box 1270		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDA</b> Amount of Each Disbursement this Period 524.07
City Newark	State NJ	Zip Code 07101-1270
Purpose of Disbursement Credit Card - See Below if Itemized		001 Category/ Type
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. UPS Store</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address 105 E 34Th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDC</b> Amount of Each Disbursement this Period 13.53
City New York	State NY	Zip Code 10016-4601
Purpose of Disbursement Postage		001 Category/ Type
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. Mitchell's News</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address 311 W 37Th Street Floor 2		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDC</b> Amount of Each Disbursement this Period 85.20
City New York	State NY	Zip Code 10018-4202
Purpose of Disbursement Subscriptions		001 Category/ Type
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).....▶	524.07
<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. UPS Store</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address 105 E 34Th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDD</b> Amount of Each Disbursement this Period [REDACTED] 16.71
City New York	State NY	Zip Code 10016-4601
Purpose of Disbursement Postage		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UPS Store</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address 105 E 34Th St		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDD</b> Amount of Each Disbursement this Period [REDACTED] 16.71
City New York	State NY	Zip Code 10016-4601
Purpose of Disbursement Postage		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:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Carmine's Pizza</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address 358 Graham Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDD</b> Amount of Each Disbursement this Period [REDACTED] 252.28
City Brooklyn	State NY	Zip Code 11211-3709
Purpose of Disbursement Meetings/Meals		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:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 0.00
<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)

**A. Verizon**

Mailing Address PO Box 15124

City Albany State NY Zip Code 12212-5124

Purpose of Disbursement Telephone

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
11 / 30 / 2016

FEC Identification Number

C  
**Transaction ID : VTD6M9MF07**  
 Amount of Each Disbursement this Period  
 45.51

Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex, Inc.**

Mailing Address Smallbiz Payroll  
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement Payroll Payment (See Below)

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2016

FEC Identification Number

C  
**Transaction ID : VTD6M9QDBI**  
 Amount of Each Disbursement this Period  
 5333.73

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bart, Samuel, E., ,**

Mailing Address 65 Ainslie St  
Apt 407

City Brooklyn State NY Zip Code 11211-3442

Purpose of Disbursement Payroll

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2016

FEC Identification Number

C  
**Transaction ID : VTD6M9QDBE**  
 Amount of Each Disbursement this Period  
 939.90

Memo Item

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

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

5379.24

**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 Taxes/Withholdings

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
12 / 30 / 2016

FEC Identification Number  
C  
Transaction ID : VTD6M9QDB  
Amount of Each Disbursement this Period  
2070.13

Memo Item

Full Name (Last, First, Middle Initial)

**B. Weiland, Liam, , ,**

Mailing Address 136 Eldridge St  
Apt 15

City New York State NY Zip Code 10002-3722

Purpose of Disbursement  
Payroll

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  Primary  General  Other (specify)

Date of Disbursement  
MM / DD / YYYY  
12 / 30 / 2016

FEC Identification Number  
C  
Transaction ID : VTD6M9QDBI  
Amount of Each Disbursement this Period  
566.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kutryb, Nicholas, , ,**

Mailing Address 455 W 37Th St  
Apt 2208

City New York State NY Zip Code 10018-4793

Purpose of Disbursement  
Payroll

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
12 / 30 / 2016

FEC Identification Number  
C  
Transaction ID : VTD6M9QDBE  
Amount of Each Disbursement this Period  
1756.80

Memo Item

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

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

0.00

**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**

**A. Express EMPS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21741-6600

Purpose of Disbursement Credit Card Processing Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2016

FEC Identification Number: C

Transaction ID : VTD6M9QDA

Amount of Each Disbursement this Period: 7.50

Memo Item

**B. American Express**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit Card - See Below if Itemized

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C

Transaction ID : VTD6M9NQEI

Amount of Each Disbursement this Period: 569.61

Memo Item

**C. UPS Store**

Full Name (Last, First, Middle Initial)

Mailing Address 105 E 34Th St

City New York State NY Zip Code 10016-4601

Purpose of Disbursement Postage Credit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 30 / 2016

FEC Identification Number: C

Transaction ID : VTD6M9QDC

Amount of Each Disbursement this Period: -144.18

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 577.11

**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. UPS Store</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address 105 E 34Th St		FEC Identification Number C [REDACTED]
City New York	State NY	Zip Code 10016-4601
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name	Transaction ID : VTD6M9NQE	
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) ▼	Amount of Each Disbursement this Period 16.71
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Lavagna</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address 545 E 5Th St		FEC Identification Number C [REDACTED]
City New York	State NY	Zip Code 10009-6729
Purpose of Disbursement Meetings/Meals	Category/Type 001	
Candidate Name	Transaction ID : VTD6M9NQE	
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) ▼	Amount of Each Disbursement this Period 342.54
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UPS Store</b>		Date of Disbursement MM / DD / YYYY 12 / 30 / 2016
Mailing Address 105 E 34Th St		FEC Identification Number C [REDACTED]
City New York	State NY	Zip Code 10016-4601
Purpose of Disbursement Postage	Category/Type 001	
Candidate Name	Transaction ID : VTD6M9NQE	
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) ▼	Amount of Each Disbursement this Period 16.71
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**

Full Name (Last, First, Middle Initial) <b>A. Mitchell's News</b>			Date of Disbursement MM / DD / YYYY 12 / 30 / 2016	
Mailing Address 311 W 37Th Street Floor 2			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9NQE!</b> Amount of Each Disbursement this Period [REDACTED] 70.29	
City New York	State NY	Zip Code 10018-4202	Category/Type 001	
Purpose of Disbursement Subscriptions		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. UPS Store</b>			Date of Disbursement MM / DD / YYYY 12 / 30 / 2016	
Mailing Address 105 E 34Th St			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9NQE!</b> Amount of Each Disbursement this Period [REDACTED] 44.00	
City New York	State NY	Zip Code 10016-4601	Category/Type 001	
Purpose of Disbursement Postage		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. City Of New York</b>			Date of Disbursement MM / DD / YYYY 12 / 21 / 2016	
Mailing Address 66 John St FI 12			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDB</b> Amount of Each Disbursement this Period [REDACTED] 443.26	
City New York	State NY	Zip Code 10038-3735	Category/Type 002	
Purpose of Disbursement Transportation		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			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 443.26
<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. NGP Van, Inc</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2016
Mailing Address 1225 I St NW Ste 1225		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDA</b> Amount of Each Disbursement this Period [REDACTED] 742.50
City Washington	State DC	Zip Code 20005-5918
Purpose of Disbursement Software		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Express EMPS</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2016
Mailing Address PO Box 6600		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDA</b> Amount of Each Disbursement this Period [REDACTED] 17.35
City Hagerstown	State MD	Zip Code 21741-6600
Purpose of Disbursement Credit Card Processing Fee		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. New York State Office Of Health</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2016
Mailing Address PO Box 8000		FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDB</b> Amount of Each Disbursement this Period [REDACTED] 832.30
City Rensselaer	State NY	Zip Code 12144-8000
Purpose of Disbursement Health Insurance		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:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 1592.15

**TOTAL** 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. Verdolino &amp; Lowey, P.C.</b>			Date of Disbursement MM / DD / YYYY 12 / 21 / 2016	
Mailing Address 124 Washington St Ste 101			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDA</b> Amount of Each Disbursement this Period [REDACTED] 592.85	
City Foxboro	State MA	Zip Code 02035-1368	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Professional Services-Accounting		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. Flanagan Fulkerson &amp; Company</b>			Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address 220 I St NE Ste 250			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9MGN</b> Amount of Each Disbursement this Period [REDACTED] 8500.00	
City Washington	State DC	Zip Code 20002-4693	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Consulting Services-Fundraising		Category/ Type 003		
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. Express EMPS</b>			Date of Disbursement MM / DD / YYYY 12 / 05 / 2016	
Mailing Address PO Box 6600			FEC Identification Number C [REDACTED] <b>Transaction ID : VTD6M9QDA</b> Amount of Each Disbursement this Period [REDACTED] 19.95	
City Hagerstown	State MD	Zip Code 21741-6600	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Processing Fee		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 9112.80
<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)

**A. Paychex, Inc.**

Mailing Address Smallbiz Payroll  
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement  
Payroll Payment (See Below)

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : VTD6M9ME6;**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Weiland, Liam, , ,**

Mailing Address 136 Eldridge St  
Apt 15

City New York State NY Zip Code 10002-3722

Purpose of Disbursement  
Payroll

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : VTD6M9MFQ!**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kutryb, Nicholas, , ,**

Mailing Address 455 W 37Th St  
Apt 2208

City New York State NY Zip Code 10018-4793

Purpose of Disbursement  
Payroll

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : VTD6M9MDJ**  
Amount of Each Disbursement this Period

Memo Item

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

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



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

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

FOR LINE NUMBER:  
(check only one)

<input 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. Bart, Samuel, E., ,**

Date of Disbursement  
MM / DD / YYYY  
11 / 30 / 2016

Mailing Address 65 Ainslie St  
Apt 407

City Brooklyn State NY Zip Code 11211-3442

Purpose of Disbursement Payroll  
Candidate Name

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

State: District:

FEC Identification Number  
**C** [ ]  
Transaction ID : VTD6M9MH0  
Amount of Each Disbursement this Period  
[ ] 939.89  
Memo Item

Full Name (Last, First, Middle Initial)  
**B. Paychex, Inc.**

Date of Disbursement  
MM / DD / YYYY  
11 / 30 / 2016

Mailing Address Smallbiz Payroll  
Eagle's Landing Business Park

City Rochester State NY Zip Code 14623

Purpose of Disbursement Payroll Taxes/Withholdings  
Candidate Name

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

State: District:

FEC Identification Number  
**C** [ ]  
Transaction ID : VTD6M9MGB  
Amount of Each Disbursement this Period  
[ ] 2070.16  
Memo Item

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

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name

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

State: District:

FEC Identification Number  
**C** [ ]  
Amount of Each Disbursement this Period  
[ ]  
Memo Item

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

**TOTAL** This Period (last page this line number only)..... ▶ [ ] 35072.04

**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. Bob Casey For Senate Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102-8746

Purpose of Disbursement Contribution

Candidate Name Casey, Robert, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: PA District: 00

Date of Disbursement: 12 / 27 / 2016

FEC Identification Number: C00431056  
Transaction ID : VTD6M9QDB  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**B. Tammy Baldwin For Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 696

City Madison State WI Zip Code 53701-0696

Purpose of Disbursement Contribution

Candidate Name Baldwin, Tammy, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: WI District: 00

Date of Disbursement: 12 / 14 / 2016

FEC Identification Number: C00326801  
Transaction ID : VTD6M9QEDI  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**C. Pennsylvania Democratic Party**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 N 2Nd St

City Harrisburg State PA Zip Code 17101-1303

Purpose of Disbursement 2016 Contribution

Candidate Name Pennsylvania Democratic Party

Office Sought:  House  Senate  President

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

State: District:

Date of Disbursement: 12 / 14 / 2016

FEC Identification Number: C00167130  
Transaction ID : VTD6M9QDA  
Amount of Each Disbursement this Period: 5000.00

Category/Type: 011

Memo Item

**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"/> 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. Bob Casey For Senate Inc.</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2016
Mailing Address PO Box 58746		FEC Identification Number C00431056 <b>Transaction ID : VTD6M9QDB</b>
City Philadelphia	State PA	Zip Code 19102-8746
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name <b>Casey, Robert, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 00	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Crimson Democrats PAC</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2016
Mailing Address PO Box 381094		FEC Identification Number C00612747 <b>Transaction ID : VTD6M9QED!</b>
City Cambridge	State MA	Zip Code 02238-1094
Purpose of Disbursement 2016 Contribution		011 Category/Type
Candidate Name <b>Crimson Democrats PAC</b>		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2016 Contribution	
State:	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Tammy Baldwin For Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2016
Mailing Address PO Box 696		FEC Identification Number C00326801 <b>Transaction ID : VTD6M9QDB</b>
City Madison	State WI	Zip Code 53701-0696
Purpose of Disbursement Contribution		011 Category/Type
Candidate Name <b>Baldwin, Tammy, , ,</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	<input type="checkbox"/> Memo Item

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

11000.00

**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"/> 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. North Dakota Democratic-Nonpartisan League Party</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2016
Mailing Address 1902 E Divide Ave		FEC Identification Number C00013748 <b>Transaction ID : VTD6M9QDA</b>
City Bismarck	State ND	Zip Code 58501-2301
Purpose of Disbursement 2016 Contribution		Category/Type 011
Candidate Name <b>North Dakota Democratic-Nonpartisan League Party</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	2016 Contribution	

Full Name (Last, First, Middle Initial) <b>B. Indiana Democratic Congressional Victory Committee</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2016
Mailing Address 115 W Washington St Ste 1165		FEC Identification Number C00108613 <b>Transaction ID : VTD6M9QDA</b>
City Indianapolis	State IN	Zip Code 46204-3418
Purpose of Disbursement 2016 Contribution		Category/Type 011
Candidate Name <b>Indiana Democratic Congressional Victory Committee</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	2016 Contribution	

Full Name (Last, First, Middle Initial) <b>C. Ohio Grassroots Victory Fund</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2016
Mailing Address 918 Pennsylvania Ave SE		FEC Identification Number C00578609 <b>Transaction ID : VTD6M9QDA</b>
City Washington	State DC	Zip Code 20003-2140
Purpose of Disbursement 2016 Contribution		Category/Type 011
Candidate Name <b>Ohio Grassroots Victory Fund</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	2016 Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<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 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**

Full Name (Last, First, Middle Initial) <b>A. Missouri Democratic State Committee</b>		Date of Disbursement MM / DD / YYYY 12 / 14 / 2016
Mailing Address PO Box 719		FEC Identification Number C 000135558 <b>Transaction ID : VTD6M9QDA</b>
City Jefferson City	State MO	Zip Code 65102-0719
Purpose of Disbursement 2016 Contribution		Category/Type 011
Candidate Name <b>Missouri Democratic State Committee</b>		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2016 Contribution	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
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)	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	61000.00