

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

IMPACT

ADDRESS (number and street) 509 Madison Ave. Suite 1902

Check if different than previously reported. (ACC) New York NY 10022

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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 Quarterly 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 _____ 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 _____ in the State of _____

5. Covering Period 11 23 2010 through 12 31 2010

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

Type or Print Name of Treasurer David A. Barrett

Signature of Treasurer Electronically Filed by David A. Barrett Date 01 26 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
IMPACT

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		70565.67
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	84413.85									
(c) Total Receipts (from Line 19)	54320.70	343362.35								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138734.55	413928.02								
7. Total Disbursements (from Line 31)	43792.56	318986.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	94941.99	94941.99								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
IMPACT

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	16300.00	61700.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16300.00	61700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	38000.00	251500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	54300.00	313200.00
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	30000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	20.70	162.35
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))	54320.70	343362.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54320.70	343362.35

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	3792.56	51486.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3792.56	51486.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	40000.00	267500.00
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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	43792.56	318986.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	43792.56	318986.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	54300.00	313200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54300.00	313200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3792.56	51486.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3792.56	51486.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
IMPACT

A. Full Name (Last, First, Middle Initial)
Martin Lee Edelman

Mailing Address 75 E 55th St
Fl 9

City State Zip Code
New York NY 10022-3205

FEC ID number of contributing federal political committee. C

Name of Employer Paul, Hastings, Janofsky & Walker LLP Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt MM / DD / YYYY
11 / 23 / 2010

Transaction ID: C6347089

Amount of Each Receipt this Period 4800.00

B. Full Name (Last, First, Middle Initial)
Mitchell Feuer

Mailing Address 1628 S St. NW #2

City State Zip Code
Washington DC 20009

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 14 / 2010

Transaction ID: C6349459

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Raymond Florida

Mailing Address 550 3rd Ave.

City State Zip Code
Pelham NY 10803

FEC ID number of contributing federal political committee. C

Name of Employer Regional EMS Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 14 / 2010

Transaction ID: C6349466

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 5800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <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 type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 7 / 21
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NAME OF COMMITTEE (In Full)
IMPACT

A.	Full Name (Last, First, Middle Initial) Cheryl Fowler	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 317 Stonefield Lane	Transaction ID: C6358646
	City Farmington State NY Zip Code 14425	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Monroe Ambulance Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Allan S. Gordon	Date of Receipt MM / DD / YYYY 12 / 03 / 2010
	Mailing Address 50 North Stanwich Road	Transaction ID: C6347370
	City Greenwich State CT Zip Code 06831	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gordon, Haskett & Co. Occupation Theatre Producer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 5000.00	

C.	Full Name (Last, First, Middle Initial) John A. Kelly	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 421 Palo Verde Drive	Transaction ID: C6349456
	City Naples State FL Zip Code 34119	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer McPherson Group Occupation Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IMPACT

A. Full Name (Last, First, Middle Initial)
James A. Menter

Mailing Address 404 Ontario St.

City State Zip Code
Fulton NY 13069

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Oswego County Ambulance Service President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 14 / 2010

Transaction ID: C6349315

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
William Sarpalius

Mailing Address 124 Eareckson Ln.

City State Zip Code
Stevensville MD 21666

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
House of Representatives Congressman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 14 / 2010

Transaction ID: C6349455

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Alan D. Wheat

Mailing Address 8627 Burdette Road

City State Zip Code
Bethesda MD 20817

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Wheat Government Relations President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
12 / 14 / 2010

Transaction ID: C6349313

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 2500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
IMPACT

A.

Full Name (Last, First, Middle Initial) Timothy J. Yehl		Date of Receipt MM / DD / YYYY 12 / 14 / 2010
Mailing Address 228 E Street NE		Transaction ID: C6349462
City Washington	State DC	Zip Code 20002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MWW Group	Occupation Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Mark Zeek		Date of Receipt MM / DD / YYYY 12 / 14 / 2010
Mailing Address 73 Averill Road		Transaction ID: C6349314
City Cooperstown	State NY	Zip Code 13326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cooperstown Medical Transport	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	16300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 21
(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

A.

Full Name (Last, First, Middle Initial)
American Hospital Association PAC

Mailing Address 325 Seventh Street, NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C6349469

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
American Medical Response PAC

Mailing Address 6200 S. Syracuse Way Suite 200

City Greenwood Village State CO Zip Code 80111

FEC ID number of contributing federal political committee. **C** C00389585

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C6349463

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Association for Advanced Life Underwriting PAC

Mailing Address 11921 Freedom Dr. Suite 1100

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C6349468

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **7000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 21
(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

A.

Full Name (Last, First, Middle Initial)
Bank of America Corporation State and Federal PAC

Mailing Address 1100 North King St.
DE5-001-02-07

City State Zip Code
Wilmington DE 19884

FEC ID number of contributing federal political committee. **C** C00043489

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C6349470

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Bingham McCutchen LLP PAC

Mailing Address 2020 K St., NW

City State Zip Code
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00165621

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: C6349464

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Commercial Mortgage Securities Association PAC

Mailing Address 30 Broad Street
28th Floor

City State Zip Code
New York City NY 10004

FEC ID number of contributing federal political committee. **C** C00411173

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

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

Transaction ID: C6349322

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **4500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 21
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
IMPACT

A. Full Name (Last, First, Middle Initial)
Credit Union Legislative Action Council

Mailing Address 601 Pennsylvania Ave., NW
South Bldg., Suite 600

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C6349465

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Electrical Contractors PAC

Mailing Address 3 Bethesda Metro Center

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00113811

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C6349453

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Ernst & Young PAC

Mailing Address 1101 New York Ave. NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

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

Transaction ID: C6349467

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► 15000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 21
(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

A. Full Name (Last, First, Middle Initial)
General Electric PAC

Mailing Address 1299 Pennsylvania Ave., NW

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 19 / 2010
Transaction ID: C6349307
Amount of Each Receipt this Period: 3000.00

B. Full Name (Last, First, Middle Initial)
Marsh & McLennan Companies Inc. PAC

Mailing Address 1166 Avenue of the Americas

City New York State NY Zip Code 10036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 14 / 2010
Transaction ID: C6349458
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Mednax, Inc. PAC

Mailing Address 1301 Concord Terrace

City Sunrise State FL Zip Code 33323

FEC ID number of contributing federal political committee. **C** C00469205

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 12 / 14 / 2010
Transaction ID: C6349309
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 10500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 21	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) IMPACT

A.	Full Name (Last, First, Middle Initial) Windstream PAC	Date of Receipt
	Mailing Address 4001 Rodney Parham Rd.	<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City State Zip Code Little Rock AR 72212	Transaction ID: C6349321
	FEC ID number of contributing federal political committee. C C00425975	Amount of Each Receipt this Period 1000.00
	Name of Employer Occupation	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	38000.00

**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 15 / 21

<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

A.	Full Name (Last, First, Middle Initial) 509 Madison Avenue Associates, LP	Transaction ID: D376164 Date of Disbursement																			
	Mailing Address c/o Kensico Properties 509 Madison Ave.	<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>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	1	0												
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent (includes utilities)	<table border="1"><tr><td>649.94</td></tr></table>	649.94																		
649.94																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: D376159 Date of Disbursement																			
	Mailing Address 430 South Capitol St., SE	<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>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	1	0												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reception-Facilities	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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) ▼																			

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: D376160 Date of Disbursement																			
	Mailing Address 430 South Capitol St., SE	<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>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	3		2	0	1	0												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Reception-Facilities	<table border="1"><tr><td>250.00</td></tr></table>	250.00																		
250.00																					
	Candidate Name	<table border="1"><tr><td>001</td></tr></table> Category/Type	001																		
001																					
	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)	<table border="1"><tr><td>1149.94</td></tr></table>	1149.94
1149.94		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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

A. Full Name (Last, First, Middle Initial) Express EMPS Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: D376161 Date of Disbursement 12 / 03 / 2010
	Amount of Each Disbursement this Period 8.00
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

B. Full Name (Last, First, Middle Initial) Express EMPS Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: D376162 Date of Disbursement 12 / 03 / 2010
	Amount of Each Disbursement this Period 25.00
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

C. Full Name (Last, First, Middle Initial) NGP Software, Inc. Mailing Address 1225 Eye Street, NW Suite 1225 City Washington State DC Zip Code 20005 Purpose of Disbursement Software Candidate Name	Transaction ID: D376167 Date of Disbursement 12 / 13 / 2010
	Amount of Each Disbursement this Period 562.50
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

SUBTOTAL of Disbursements This Page (optional) ▶	595.50
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

A.	Full Name (Last, First, Middle Initial) Perkins Coie	Transaction ID: D376166 Date of Disbursement 12 / 06 / 2010
	Mailing Address 1201 Third Ave. Suite 4800	Amount of Each Disbursement this Period 249.00
	City Seattle State WA Zip Code 98101	
	Purpose of Disbursement Professional Services-Legal 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) ▼

B.	Full Name (Last, First, Middle Initial) TFS Consulting	Transaction ID: D376163 Date of Disbursement 12 / 01 / 2010
	Mailing Address 426 C St. NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Consulting Services-Fundraising 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) ▼

Not For Federal Candidate

C.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.	Transaction ID: D376165 Date of Disbursement 12 / 06 / 2010
	Mailing Address 124 Washington St. Suite 101	Amount of Each Disbursement this Period 732.98
	City Foxboro State MA Zip Code 02035	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	1981.98
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 21

<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

A.

Full Name (Last, First, Middle Initial)
Verizon

Transaction ID: D376168
Date of Disbursement

Mailing Address P.O. Box 15124

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

City Albany State NY Zip Code 12212

Amount of Each Disbursement this Period

62.14

Purpose of Disbursement
Telephone

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

62.14

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

3789.56

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

<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

<p>A. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 2012 OH-S--Primary</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D376148</p> <p>Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 2012 OH-S--General</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D376149</p> <p>Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) McCaskill for Missouri</p> <p>Mailing Address 700 13th St. NW Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2012 MO-S--Primary</p> <p>Candidate Name Claire McCaskill</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D376154</p> <p>Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

A.	Full Name (Last, First, Middle Initial) McCaskill for Missouri	Transaction ID: D376155 Date of Disbursement
	Mailing Address 700 13th St. NW Suite 600	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 MO-S--General	<input type="text" value="5000.00"/>
	Candidate Name Claire McCaskill	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stabenow for US Senate	Transaction ID: D376151 Date of Disbursement
	Mailing Address PO Box 4945	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City East Lansing State MI Zip Code 48826	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 MI-S--Primary	<input type="text" value="5000.00"/>
	Candidate Name Debbie Stabenow	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Stabenow for US Senate	Transaction ID: D376152 Date of Disbursement
	Mailing Address PO Box 4945	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City East Lansing State MI Zip Code 48826	Amount of Each Disbursement this Period
	Purpose of Disbursement 2012 MI-S--General	<input type="text" value="5000.00"/>
	Candidate Name Debbie Stabenow	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
IMPACT

A.

Full Name (Last, First, Middle Initial)
Whitehouse for Senate

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement
2012 RI-S--Primary

Candidate Name
Sheldon Whitehouse

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District:

Transaction ID: D376156
Date of Disbursement

12 / 16 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
Whitehouse for Senate

Mailing Address PO Box 40280

City Providence State RI Zip Code 02940

Purpose of Disbursement
2012 RI-S--General

Candidate Name
Sheldon Whitehouse

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: RI District:

Transaction ID: D376157
Date of Disbursement

12 / 16 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

40000.00