



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2011"/>	<input type="text" value="94941.99"/>	<input type="text" value="94941.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="147016.29"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="114198.98"/>	<input type="text" value="492635.09"/>
(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="261215.27"/>	<input type="text" value="587577.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58471.83"/>	<input type="text" value="384833.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="202743.44"/>	<input type="text" value="202743.44"/>
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).....	38000.00	97250.00
(ii) Unitemized .....	0.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38000.00	97350.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	75250.00	394250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	113250.00	491600.00
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).....	911.51	926.51
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	37.47	108.58
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))..... ▶	114198.98	492635.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	114198.98	492635.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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 .....	28471.83	137333.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	28471.83	137333.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	247500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) 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)) ..	58471.83	384833.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58471.83	384833.64

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	113250.00	491600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113250.00	491600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	28471.83	137333.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	911.51	926.51
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27560.32	136407.13

**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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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. Gregory Besner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Slope Dr.  
 City Short Hill State NJ Zip Code 07078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Second Market Holding Inc. Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : C7442898**  
 Amount of Each Receipt this Period  
 1000.00

**B. Scott A Bilsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3947 W. Meadow Lane  
 City Beachwood State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Simtax Inc. Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : C7448384**  
 Amount of Each Receipt this Period  
 500.00

**C. Sharon Daniels**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 916 St. Michael Dr.  
 City Gambrills State MD Zip Code 21054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gephardt Government Affairs Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2011  
**Transaction ID : C7460549**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<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 49
	<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. Brandon Edwards**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 S. Citrus Ave.

City Los Angeles	State CA	Zip Code 90036
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FEC ID number of contributing federal political committee. **C**

Name of Employer Tax Credit Co.	Occupation CEO
------------------------------------	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2011

**Transaction ID : C7435186**

Amount of Each Receipt this Period  
1000.00

**B. Thomas F. Fay**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 6th St.

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

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

Name of Employer Fay Kaplan Law	Occupation Attorney
------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2011

**Transaction ID : C7447854**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 213 Tryon St.

City South Glastonbury	State CT	Zip Code 06073
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FEC ID number of contributing federal political committee. **C**

Name of Employer Gephardt Government Affairs	Occupation Consultant
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

**Transaction ID : C7460543**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Richard Gephardt</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2011 <b>Transaction ID : C7460548</b>
Mailing Address PO Box 9945			Amount of Each Receipt this Period 2000.00
City Mclean	State VA	Zip Code 22102	
FEC ID number of contributing federal political committee. C			
Name of Employer Gephardt Government Affairs	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B. Roy Goldman</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 17 / 2011 <b>Transaction ID : C7448406</b>
Mailing Address 1117 Beach Blvd.			Amount of Each Receipt this Period 1000.00
City Forked River	State NJ	Zip Code 08731	
FEC ID number of contributing federal political committee. C			
Name of Employer Mintax	Occupation Management Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Christina Hamilton</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2011 <b>Transaction ID : C7460550</b>
Mailing Address 3330 N. Kensington St.			Amount of Each Receipt this Period 500.00
City Arlington	State VA	Zip Code 22207	
FEC ID number of contributing federal political committee. C			
Name of Employer Gephardt Government Affairs	Occupation Government Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 9 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Claudia M. James**  
Full Name (Last, First, Middle Initial)

Mailing Address 3167 19th Street North

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Podesta Group Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2011

**Transaction ID : C7442172**

Amount of Each Receipt this Period  
500.00

**B. Israel S Klein**  
Full Name (Last, First, Middle Initial)

Mailing Address 821 Violet Place

City State Zip Code  
Silver Spring MD 20910

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

Name of Employer Occupation  
Podesta Group Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 14 / 2011

**Transaction ID : C7442905**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7219 Delfield St

City State Zip Code  
Chevy Chase MD 20815

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

Name of Employer Occupation  
DLA Piper Rudnick Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2011

**Transaction ID : C7444553**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 10 OF 49
	<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. John T. Montford**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Buckingham Court

City San Antonio State TX Zip Code 78257

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

Name of Employer General Motors Occupation Senior Advisor for Government Relation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
11 / 01 / 2011  
**Transaction ID : C7442174**

Amount of Each Receipt this Period  
2500.00

**B. Mark D. Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 59 John St. #5E

City New York State NY Zip Code 10038

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

Name of Employer SecondMarket Holdings Inc. Occupation Head of Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
11 / 14 / 2011  
**Transaction ID : C7442903**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 849 Franklin Street Unit 607

City Chicago State IL Zip Code 60610

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

Name of Employer Mt. Sinai School of Medicine Occupation Child Psychologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
11 / 17 / 2011  
**Transaction ID : C7448405**

Amount of Each Receipt this Period  
1000.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<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	<input type="checkbox"/> 17

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

**A. Tuyetnga Nguyen**  
Full Name (Last, First, Middle Initial)

Mailing Address 14912 Finegan Farm Drive

City Darnestown State MD Zip Code 20874

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

Name of Employer Hiring Incentives Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2011

**Transaction ID : C7448385**

Amount of Each Receipt this Period  
 1000.00

**B. Janice M. O'Connell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6141-31st Pl., NW

City Washington State DC Zip Code 20015

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

Name of Employer Gephardt Government Affairs Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2011

**Transaction ID : C7460542**

Amount of Each Receipt this Period  
 500.00

**C. Thomas J. O'Donnell**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 West Kirke St.

City Chevy Chase State MD Zip Code 20815

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

Name of Employer Gephardt Group Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2011

**Transaction ID : C7460547**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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: PAGE 12 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Michael Oliveri**

Mailing Address 275 Greenwich St. SE

City State Zip Code  
New York NY 10007

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

Name of Employer Occupation  
SecondMarket, Inc. Managing Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : C7442897**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Jean T. Ownbey**

Mailing Address 5121 N. College Ave.

City State Zip Code  
Indianapolis IN 46205

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

Name of Employer Occupation  
Self Employed Vineyard Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : C7448383**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 92 Perry St. #4

City State Zip Code  
New York NY 10021

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

Name of Employer Occupation  
Second Market Holdings Inc. Chief Product Officer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : C7435194**

Amount of Each Receipt this Period  
1000.00

**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: (check only one)	PAGE 13 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William T. Richey</b>		Date of Receipt
Mailing Address 521 West Lake St.		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City	State	Zip Code
Lake Mills	WI	53551
FEC ID number of contributing federal political committee.		<b>Transaction ID : C7435181</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
AKT Business Services	President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William A. Signer</b>		Date of Receipt
Mailing Address 3306 Ross Place NW		<input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
City	State	Zip Code
Washington	DC	20008
FEC ID number of contributing federal political committee.		<b>Transaction ID : C7448407</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Carmen Group Inc.	Managing Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Barry Silbert</b>		Date of Receipt
Mailing Address 5 East 22nd St.		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
New York	NY	10010
FEC ID number of contributing federal political committee.		<b>Transaction ID : C7442896</b>
FEC ID number: <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
SecondMarket, Inc.	Founder & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 14 OF 49  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Marilyn Simms**  
 Mailing Address 2446 Cedarwood Road  
 City Cleveland State OH Zip Code 44124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sim Tax Inc. Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : C7448382**  
 Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Jeremy A. Smith**  
 Mailing Address 332 6th Ave.  
 Apt. 1  
 City Brooklyn State NY Zip Code 11215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SecondMarket Holdings Inc. Chief Strategy Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : C7442901**  
 Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Annemarie Tierney**  
 Mailing Address 29 Shrewsbury Ave.  
 City Highlands State NJ Zip Code 07732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SecondMarket Holdings Inc. General Counsel  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : C7442900**  
 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 15 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Timothy J. Yehl**

Mailing Address 228 E Street NE

City Washington State DC Zip Code 20002

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

Name of Employer Tim Yehl LLC Occupation Sole Proprietor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2011  
**Transaction ID : C7447857**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Wiley Rein LLP**

Mailing Address 1776 K St. NW

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C7579101**

Amount of Each Receipt this Period  
500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address Wiley Rein LLP  
1776 K St. NW

City Washington State DC Zip Code 20006

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

Name of Employer Wiley Rein LLP Occupation Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2011  
**Transaction ID : C7579102**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	38000.00

**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 16 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. AFSCME-PEOPLE</b>		Date of Receipt
Mailing Address 1625 L Street, N.W.		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : C7390948</b>
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00011114"/>	<input type="text" value="3000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. American Bankers Association PAC</b>		Date of Receipt
Mailing Address 1120 Connecticut Ave., NW		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : C7503669</b>
Washington	DC	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00004275"/>	<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. American Chiropractic Association PAC</b>		Date of Receipt
Mailing Address 1701 Clarendon Blvd		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	<b>Transaction ID : C7460541</b>
Arlington	VA	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C00102764"/>	<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 17 OF 49
<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. AmerisourceBergen Corporation PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 Morris Dr.  
 Suite 100  
 City Chesterbrook State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C** C00400929  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2011  
**Transaction ID : C7503666**  
 Amount of Each Receipt this Period  
 1000.00

**B. AT&T Inc. Federal PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 208 S. Akard St.  
 Suite 2701  
 City Dallas State TX Zip Code 75202  
 FEC ID number of contributing federal political committee. **C** C00109017  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2011  
**Transaction ID : C7460538**  
 Amount of Each Receipt this Period  
 1500.00

**c. Bingham McCutchen LLP PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 K St., NW  
 City Washington State DC Zip Code 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 M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : C7444552**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 18 OF 49
<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. BNSF RAILPAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 961039  
City Fort Worth State TX Zip Code 76161  
FEC ID number of contributing federal political committee. **C** C00235739  
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 Y  
11 / 18 / 2011  
**Transaction ID : C7448419**  
Amount of Each Receipt this Period  
5000.00

**B. BrainPAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address American Academy of Neurology  
1080 Montreal Ave.  
City Saint Paul State MN Zip Code 55116  
FEC ID number of contributing federal political committee. **C** C00435933  
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 Y  
11 / 15 / 2011  
**Transaction ID : C7447860**  
Amount of Each Receipt this Period  
1000.00

**C. Corning Incorporated Employees PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 325 7th St. NW  
Suite 600  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C** C00033589  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 17 / 2011  
**Transaction ID : C7448409**  
Amount of Each Receipt this Period  
1250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7250.00
<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 19 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Day &amp; Zimmerman Inc. PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2011 <b>Transaction ID : C7447858</b>
Mailing Address 1500 Spring Garden St.		Amount of Each Receipt this Period 1000.00
City Philadelphia	State PA	Zip Code 19130
FEC ID number of contributing federal political committee.	C C00341271	
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	

Full Name (Last, First, Middle Initial) <b>B. Deloitte &amp; Touche Federal PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2011 <b>Transaction ID : C7453532</b>
Mailing Address PO Box 365		Amount of Each Receipt this Period 5000.00
City Washington	State DC	Zip Code 20044
FEC ID number of contributing federal political committee.	C C00211318	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>c. Duke Energy Corporation PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2011 <b>Transaction ID : C7460537</b>
Mailing Address 550 South Tryon St.		Amount of Each Receipt this Period 2500.00
City Charlotte	State NC	Zip Code 28202
FEC ID number of contributing federal political committee.	C C00083535	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 20 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Equifax PAC**

Mailing Address PO Box 4081

City Atlanta State GA Zip Code 30302

FEC ID number of contributing federal political committee. **C C00143867**

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 Y  
 11 / 07 / 2011  
**Transaction ID : C7442164**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Holland & Knight Committee for Effective Government PAC**

Mailing Address 504 E. Howell Ave.

City Alexandria State VA Zip Code 22301

FEC ID number of contributing federal political committee. **C C00171330**

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 Y  
 11 / 15 / 2011  
**Transaction ID : C7447862**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Independent Community Bankers PAC**

Mailing Address 1615 L Street, NW Suite 900

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00032698**

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 Y  
 11 / 03 / 2011  
**Transaction ID : C7442171**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7000.00
<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 21 OF 49
<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. ING US PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address One Orange Way- C1N  
City Windsor State CT Zip Code 06095  
FEC ID number of contributing federal political committee. **C** C00184028  
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 Y  
11 / 21 / 2011  
**Transaction ID : C7447856**  
Amount of Each Receipt this Period  
2500.00

**B. International Securities Exchange Inc. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60 Broad Street  
City New York State NY Zip Code 10004  
FEC ID number of contributing federal political committee. **C** C00382226  
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 Y  
11 / 29 / 2011  
**Transaction ID : C7460539**  
Amount of Each Receipt this Period  
5000.00

**C. Life Technologies Corporation Employees PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1050 K Street NW, Suite 310  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C** C00404442  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2011  
**Transaction ID : C7444555**  
Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8500.00
<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 22 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Life Technologies Corporation Employees PAC**

Mailing Address 1050 K Street NW, Suite 310

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00404442

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2011  
**Transaction ID : C7448380**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**B. NAPEO PAC**

Mailing Address 707 North Saint Asaph St.

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00447284

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2011  
**Transaction ID : C7509920**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. National Association of Broadcasters PAC**

Mailing Address 1771 N Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2011  
**Transaction ID : C7442173**

Amount of Each Receipt this Period  
3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<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 23 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. National Community Pharmacists Association PAC</b>		Date of Receipt
Mailing Address 100 Daingerfield Rd.		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City State Zip Code Alexandria VA 22314		<b>Transaction ID : C7444551</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00030809"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Oracle USA Corporation PAC</b>		Date of Receipt
Mailing Address 1015 15th Street NW Second Floor		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City State Zip Code Washington DC 20005		<b>Transaction ID : C7503653</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00323048"/>		Amount of Each Receipt this Period <input type="text" value="3000.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Real Estate Investment Trusts PAC</b>		Date of Receipt
Mailing Address 1875 I Street, NW, Suite 600		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
City State Zip Code Washington DC 20006		<b>Transaction ID : C7442168</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00303339"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="8000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Real Estate Roundtable PAC- REALPAC**

Mailing Address 801 Pennsylvania Ave. NW  
Suite 720

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00033779

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 12 / 29 / 2011  
**Transaction ID : C7579103**

Amount of Each Receipt this Period: 5000.00

Full Name (Last, First, Middle Initial)  
**B. Reed Elsevier Inc. PAC**

Mailing Address 1150 18th St., NW  
Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00345793

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 11 / 30 / 2011  
**Transaction ID : C7460540**

Amount of Each Receipt this Period: 1000.00

Full Name (Last, First, Middle Initial)  
**C. Tenet Healthcare Corporation PAC**

Mailing Address 1445 Ross Avenue  
Suite 1400

City Dallas State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00119354

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 17 / 2011  
**Transaction ID : C7448412**

Amount of Each Receipt this Period: 1000.00

**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: (check only one)	PAGE 25 OF 49
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Teva Pharmaceuticals USA, Inc. PAC</b>		Date of Receipt
Mailing Address 25 Massachusetts Avenue, NW Suite 440		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00434811"/>	<b>Transaction ID : C7442170</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>B. TrueBlue Inc. PAC</b>		Date of Receipt
Mailing Address PO Box 2910		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City Tacoma	State WA	Zip Code 98401
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00363853"/>	<b>Transaction ID : C7460544</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. United Steelworkers of America Political Action Fund</b>		Date of Receipt
Mailing Address 5 Gateway Center		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City Pittsburgh	State PA	Zip Code 15222
FEC ID number of contributing federal political committee.	<input type="text" value="C"/> <input type="text" value="C00003590"/>	<b>Transaction ID : C7503660</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 26 OF 49  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**IMPACT**

Full Name (Last, First, Middle Initial)  
**A. Wine and Spirits Wholesalers of America PAC**

Mailing Address 805 15th St. NW  
Suite 430

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

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 Y  
11 / 15 / 2011

**Transaction ID : C7448381**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	75250.00

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

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

FOR LINE NUMBER: PAGE 27 OF 49  
(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. Lincoln Building Associates, LLC**  
Full Name (Last, First, Middle Initial)  
Mailing Address c/o Newmark & Co. Real Estate, LLC  
125 Park Ave., 11th Floor  
City New York State NY Zip Code 10017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
902.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 11 / 2011  
**Transaction ID : C7444557**  
Amount of Each Receipt this Period  
902.51  
Security Deposit Refund

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	902.51
<b>TOTAL</b> This Period (last page this line number only).....▶	902.51

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Air Charter Express**

Mailing Address 8530 Seneca Turnpike

City New Hartford State NY Zip Code 13413

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2011

Transaction ID : **D402262**

Amount of Each Disbursement this Period: 1469.56

Category/Type: 002

Full Name (Last, First, Middle Initial)

**B. Air Charter Express**

Mailing Address 8530 Seneca Turnpike

City New Hartford State NY Zip Code 13413

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2011

Transaction ID : **D414152**

Amount of Each Disbursement this Period: 1180.86

Category/Type: 002

Full Name (Last, First, Middle Initial)

**C. Air Charter Express**

Mailing Address 8530 Seneca Turnpike

City New Hartford State NY Zip Code 13413

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 05 / 2011

Transaction ID : **D414165**

Amount of Each Disbursement this Period: 1837.13

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4487.55

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. CBRE A/A/F Cres Inc.**

Mailing Address PO Box 6124

City State Zip Code  
Hicksville NY 11802

Purpose of Disbursement  
Office Rent

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414156**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. City of New York**

Mailing Address City Hall  
36 Chambers St.

City State Zip Code  
New York NY 10007

Purpose of Disbursement  
Transportation

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414167**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. City of New York**

Mailing Address City Hall  
36 Chambers St.

City State Zip Code  
New York NY 10007

Purpose of Disbursement  
Transportation

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D402260**

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. City of New York**

Mailing Address City Hall  
36 Chambers St.

City New York State NY Zip Code 10007

Purpose of Disbursement  
Transportation

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D402258**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Express EMPS**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D402261**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Express EMPS**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D400881**

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Express EMPS**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2011

Transaction ID : D400882

Amount of Each Disbursement this Period

34.95

Full Name (Last, First, Middle Initial)

**B. Express EMPS**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2011

Transaction ID : D414161

Amount of Each Disbursement this Period

116.00

Full Name (Last, First, Middle Initial)

**C. Express EMPS**

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Credit Card Processing Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 05 / 2011

Transaction ID : D414164

Amount of Each Disbursement this Period

489.86

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

640.81

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Nicholas Kutryb**

Mailing Address 455 W 37th Street  
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement  
Consulting Services-Fundraising

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2011

Transaction ID : D414159

Amount of Each Disbursement this Period

250.00

Not For Federal Candidate

Full Name (Last, First, Middle Initial)

**B. Nicholas Kutryb**

Mailing Address 455 W 37th Street  
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement  
Travel

002

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2011

Transaction ID : D400883

Amount of Each Disbursement this Period

108.50

Full Name (Last, First, Middle Initial)

**C. Nicholas Kutryb**

Mailing Address 455 W 37th Street  
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement  
Consulting Services-Fundraising

003

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : D402252

Amount of Each Disbursement this Period

250.00

Not For Federal Candidate

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

608.50

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

### A. Nicholas Kutryb

Mailing Address 455 W 37th Street  
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : D414154

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### B. Nicholas Kutryb

Mailing Address 455 W 37th Street  
Apt 510

City New York State NY Zip Code 10018

Purpose of Disbursement  
Travel

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : D402264

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

### C. Metro Graphics NY

Mailing Address 481 Washington St.  
6th Floor

City New York State NY Zip Code 10013

Purpose of Disbursement  
Printing

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : D402259

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NGP Van, Inc**

Mailing Address 1225 Eye Street, NW  
Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Software

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
10 / 17 / 2011

Transaction ID : **D400887**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Perkins Coie**

Mailing Address 1201 Third Ave.  
Suite 4800

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Professional Services-Legal

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 21 / 2011

Transaction ID : **D414153**

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

**C. Perkins Coie**

Mailing Address 1201 Third Ave.  
Suite 4800

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Professional Services-Legal

001  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : **D402254**

Amount of Each Disbursement this Period

132.00

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

915.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Perkins Coie**

Mailing Address 1201 Third Ave.  
Suite 4800

City State Zip Code  
Seattle WA 98101

Purpose of Disbursement  
Professional Services-Legal

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
12 / 20 / 2011

**Transaction ID : D414170**

Amount of Each Disbursement this Period

99.00

Full Name (Last, First, Middle Initial)

**B. Precision Interconnect**

Mailing Address 161 East 32nd St.

City State Zip Code  
New York NY 10016

Purpose of Disbursement  
Office Equipment

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 / 17 / 2011

**Transaction ID : D400886**

Amount of Each Disbursement this Period

107.93

Full Name (Last, First, Middle Initial)

**C. SSF Inc.**

Mailing Address 80 Maiden Ln.  
Suite 1203

City State Zip Code  
New York NY 10038

Purpose of Disbursement  
Insurance

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
12 / 27 / 2011

**Transaction ID : D414173**

Amount of Each Disbursement this Period

138.06

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

344.99

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TFS Consulting**

Mailing Address 426 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Reception-Catering; Travel

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : D414171

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. TFS Consulting**

Mailing Address 426 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Consulting Services-Fundraising

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : D414158

Amount of Each Disbursement this Period

Not For Federal Candidate

Full Name (Last, First, Middle Initial)

**C. TFS Consulting**

Mailing Address 426 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Reception-Catering; Postage

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : D414151

Amount of Each Disbursement this Period

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. TFS Consulting**

Mailing Address 426 C St. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Consulting Services-Fundraising

**003**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
11 / 01 / 2011

**Transaction ID : D402253**

Amount of Each Disbursement this Period

3500.00

Not For Federal Candidate

Full Name (Last, First, Middle Initial)

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

Mailing Address 124 Washington St.  
Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement  
Professional Services-Accounting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
10 / 17 / 2011

**Transaction ID : D400885**

Amount of Each Disbursement this Period

678.58

Full Name (Last, First, Middle Initial)

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

Mailing Address 124 Washington St.  
Suite 101

City Foxboro State MA Zip Code 02035

Purpose of Disbursement  
Professional Services-Accounting

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
11 / 08 / 2011

**Transaction ID : D402265**

Amount of Each Disbursement this Period

668.20

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

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

4846.78

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Verdolino &amp; Lowey, P.C.</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2011
Mailing Address 124 Washington St. Suite 101		<b>Transaction ID : D414169</b>
City Foxboro	State MA	
Zip Code 02035	Purpose of Disbursement Professional Services-Accounting	Amount of Each Disbursement this Period 1174.70
Candidate Name	Category/ Type 001	
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. Verizon</b>		Date of Disbursement MM / DD / YYYY 12 / 27 / 2011
Mailing Address P.O. Box 15124		<b>Transaction ID : D414172</b>
City Albany	State NY	
Zip Code 12212	Purpose of Disbursement Telephone	Amount of Each Disbursement this Period 30.52
Candidate Name	Category/ Type 001	
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. Verizon</b>		Date of Disbursement MM / DD / YYYY 11 / 28 / 2011
Mailing Address P.O. Box 15124		<b>Transaction ID : D414155</b>
City Albany	State NY	
Zip Code 12212	Purpose of Disbursement Telephone	Amount of Each Disbursement this Period 30.52
Candidate Name	Category/ Type 001	
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)..... ▶

1235.74

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Verizon**

Mailing Address P.O. Box 15124

City Albany State NY Zip Code 12212

Purpose of Disbursement Telephone

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

**Transaction ID : D402255**

Amount of Each Disbursement this Period

102.95

Full Name (Last, First, Middle Initial)

**B. Zamir Computer Consulting**

Mailing Address 382 Central Park West, Suite 6A

City New York State NY Zip Code 10025

Purpose of Disbursement Computer Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
11 / 08 / 2011

**Transaction ID : D402263**

Amount of Each Disbursement this Period

66.00

Full Name (Last, First, Middle Initial)

**C. Zamir Computer Consulting**

Mailing Address 382 Central Park West, Suite 6A

City New York State NY Zip Code 10025

Purpose of Disbursement Computer Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
10 / 10 / 2011

**Transaction ID : D400884**

Amount of Each Disbursement this Period

33.00

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

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

201.95

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Zamir Computer Consulting</b>		Date of Disbursement MM / DD / YYYY 12 / 13 / 2011
Mailing Address 382 Central Park West, Suite 6A		<b>Transaction ID : D414168</b>
City New York	State NY	
Zip Code 10025	Purpose of Disbursement Computer Consulting	Amount of Each Disbursement this Period 33.00
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address P.O. Box 2853		<b>Transaction ID : D402257</b>
City New York	State NY	
Zip Code 10116	Purpose of Disbursement Credit Card - See Below if Itemized	Amount of Each Disbursement this Period 843.00
Candidate Name	Category/ Type 001	
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. Carey International</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2011
Mailing Address 4530 Wisconsin Avenue NW		<b>Transaction ID : D402315</b>
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Travel	Amount of Each Disbursement this Period 169.92
Candidate Name	Category/ Type 002	
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) ▼	<b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	876.00
<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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Carey International**

Mailing Address 4530 Wisconsin Avenue NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : D402312

Amount of Each Disbursement this Period

169.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. NYC Taxi**

Mailing Address 32-02 Queens Blvd.

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : D402313

Amount of Each Disbursement this Period

13.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Southwest Airlines**

Mailing Address Love Field

City Dallas State TX Zip Code 75201

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
11 / 01 / 2011

Transaction ID : D402266

Amount of Each Disbursement this Period

116.00

[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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address Park & 56th St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Office Supplies

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011

**Transaction ID : D402311**

Amount of Each Disbursement this Period

66.95

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. UPS Store**

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Postage

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011

**Transaction ID : D402268**

Amount of Each Disbursement this Period

13.04

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. UPS Store**

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Postage

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2011

**Transaction ID : D402316**

Amount of Each Disbursement this Period

26.08

**[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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. UPS Store**

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Postage

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D402317**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address P.O. Box 2853

City New York State NY Zip Code 10116

Purpose of Disbursement  
Credit Card - See Below if Itemized

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414160**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Carey International**

Mailing Address 4530 Wisconsin Avenue NW

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Travel

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414189**

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

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

Full Name (Last, First, Middle Initial)

**A. Continental Airlines**

Mailing Address 425 W. Sam Houston Pkwy S

City Houston State TX Zip Code 77042

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 01 / 2011

Transaction ID : D414176

Amount of Each Disbursement this Period

513.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Delta Air Lines**

Mailing Address La Guardia Airport

City Flushing State NY Zip Code 11351

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 01 / 2011

Transaction ID : D414175

Amount of Each Disbursement this Period

214.70

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. NYC Taxi**

Mailing Address 32-02 Queens Blvd.

City Long Island City State NY Zip Code 11101

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 01 / 2011

Transaction ID : D414177

Amount of Each Disbursement this Period

60.36

[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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. NYC Taxi**

Mailing Address 32-02 Queens Blvd.

City State Zip Code  
Long Island City NY 11101

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 01 / 2011

Transaction ID : D414193

Amount of Each Disbursement this Period

10.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. NYC Taxi**

Mailing Address 32-02 Queens Blvd.

City State Zip Code  
Long Island City NY 11101

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 01 / 2011

Transaction ID : D414194

Amount of Each Disbursement this Period

36.75

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. NYC Taxi**

Mailing Address 32-02 Queens Blvd.

City State Zip Code  
Long Island City NY 11101

Purpose of Disbursement  
Travel

001  
 002  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
12 / 01 / 2011

Transaction ID : D414195

Amount of Each Disbursement this Period

23.85

[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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Staples**

Mailing Address 100 Hadden Road

City Montgomery State NY Zip Code 12549-2646

Purpose of Disbursement  
Office Supplies

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414196**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Taylor Made Limo & Sedan Service**

Mailing Address 1337 East Fernrock St.

City Carson State CA Zip Code 90746

Purpose of Disbursement  
Travel

**002**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414180**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. UPS Store**

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Postage

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414185**

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

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

Full Name (Last, First, Middle Initial)

**A. UPS Store**

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Postage

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414191**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. UPS Store**

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Postage

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414197**

Amount of Each Disbursement this Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. UPS Store**

Mailing Address 208 East 51st St.

City New York State NY Zip Code 10022

Purpose of Disbursement  
Postage

**001**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D414198**

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**

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Detailed Summary Page

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

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

Full Name (Last, First, Middle Initial)

**A. Berkley for Senate**

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
2012 NV-S--General

011

Candidate Name

**Shelley Berkley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2011

**Transaction ID : D414174**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Carmona for Arizona**

Mailing Address 9121 E. Tanque Verde  
Suite 105-418

City Tucson State AZ Zip Code 85749

Purpose of Disbursement  
2012 AZ-S--Primary

011

Candidate Name

**Richard Carmona**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2011

**Transaction ID : D414162**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Carmona for Arizona**

Mailing Address 9121 E. Tanque Verde  
Suite 105-418

City Tucson State AZ Zip Code 85749

Purpose of Disbursement  
2012 AZ-S--General

011

Candidate Name

**Richard Carmona**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2011

**Transaction ID : D414163**

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. EMILY'S List**

Mailing Address 1120 Connecticut Ave. NW  
Suite 1100

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 07 / 2011

Transaction ID : D414166

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Heidi for Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
2012 ND-S--Primary

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ND District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2011

Transaction ID : D402322

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Heidi for Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
2012 ND-S--General

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ND District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2011

Transaction ID : D402323

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

30000.00