

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

Impact

ADDRESS (number and street) 509 Madison Ave.

Suite 1902

Check if different than previously reported. (ACC)

New York NY 10022

2. **FEC IDENTIFICATION NUMBER** C00348607

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12G)

Election on 11 04 2008 in the State of NY

(d) 30-Day Post -Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on in the State of

5. Covering Period 10 01 2008 through 10 15 2008

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

Type or Print Name of Treasurer David A. Barrett

Signature of Treasurer Electronically Filed by David A. Barrett Date 10 23 2008

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

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Impact

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		152123.20
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	65470.87									
(c) Total Receipts (from Line 19) .....	40300.00	296256.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	105770.87	448379.43								
7. Total Disbursements (from Line 31) .....	12916.46	355525.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	92854.41	92854.41								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Impact

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	6600.00	31350.00
(i) Itemized (use Schedule A) .....	700.00	700.00
(ii) Unitemized .....	7300.00	32050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	33000.00	262035.00
(c) Other Political Committees (such as PACs) .....	40300.00	294085.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	93.06
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	2078.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	40300.00	296256.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	40300.00	296256.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2916.46	70525.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2916.46	70525.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	285000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12916.46	355525.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12916.46	355525.02

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	40300.00	294085.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	40300.00	294085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2916.46	70525.02
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	93.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2916.46	70431.96

**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 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Impact

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

Mailing Address 9014 Marseille Dr.

City Potomac State MD Zip Code 20854

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

Name of Employer Winning Strategies Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 10 / 02 / 2008

Transaction ID: C39296

Amount of Each Receipt this Period 2300.00

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

Mailing Address 3170 W. Olympic Blvd. #D

City Los Angeles State CA Zip Code 90006

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

Name of Employer Jay's Drug Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2008

Transaction ID: C39319

Amount of Each Receipt this Period 250.00

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

Mailing Address 424 E St.

City Fairbury State NE Zip Code 68352

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

Name of Employer Globe Rexall Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2008

Transaction ID: C39303

Amount of Each Receipt this Period 250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2800.00

**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 7 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Impact

**A.** Full Name (Last, First, Middle Initial)  
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd.

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation  
Conduit total: \$4,750.00

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 10 / 02 / 2008

Transaction ID: C39303B

Amount of Each Receipt this Period: 250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 104 W. Main

City Goldendale State WA Zip Code 98620

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

Name of Employer Occupation  
K-G Pharmacy Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 02 / 2008

Transaction ID: C39310

Amount of Each Receipt this Period: 250.00

\* Earmarked Contribution: See Below

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

Mailing Address 100 Daingerfield Rd.

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation  
Conduit total: \$4,750.00

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 10 / 02 / 2008

Transaction ID: C39310B

Amount of Each Receipt this Period: 250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00

**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 8 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry R. Barnett	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address c/o Family Pharmacy 412 Central Ave.	<b>Transaction ID:</b> C39313
	City State Zip Code South Williamson KY 41503	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Family Pharmacy Occupation Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	* Earmarked Contribution: See Below

<b>B.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 100 Daingerfield Rd.	<b>Transaction ID:</b> C39313B
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C C00030809	
	Name of Employer Occupation Conduit total: \$4,750.00 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.

<b>C.</b>	Full Name (Last, First, Middle Initial) Arie Bolshem	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 3355 Neptune Ave.	<b>Transaction ID:</b> C39317
	City State Zip Code Brooklyn NY 11224	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Bay Park Pharmacy Occupation Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<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 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 100 Daingerfield Rd.		<b>Transaction ID:</b> C39317B
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. <b>C</b> C00030809		Amount of Each Receipt this Period 250.00
	Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Conduit total: \$4,750.00 Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.

<b>B.</b>	Full Name (Last, First, Middle Initial) Robin Craft		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address P.O. Box 126		<b>Transaction ID:</b> C39305
	City Plain City	State OH	Zip Code 43064
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Plain City Druggist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Owner Aggregate Year-to-Date ▼ 250.00	* Earmarked Contribution: See Below

<b>C.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 100 Daingerfield Rd.		<b>Transaction ID:</b> C39305B
	City Alexandria	State VA	Zip Code 22314
	FEC ID number of contributing federal political committee. <b>C</b> C00030809		Amount of Each Receipt this Period 250.00
	Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Conduit total: \$4,750.00 Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 10 / 23
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NAME OF COMMITTEE (In Full)  
Impact

<b>A.</b>	Full Name (Last, First, Middle Initial) Kayastha B. Dinesh	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 97-47 83rd St.	<b>Transaction ID:</b> C39312
	City State Zip Code Ozone Park NY 11416	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation A.P.K.G. Pharmacy Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	* Earmarked Contribution: See Below

<b>B.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 100 Daingerfield Rd.	<b>Transaction ID:</b> C39312B
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00030809	
	Name of Employer Occupation Conduit total: \$4,750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.

<b>C.</b>	Full Name (Last, First, Middle Initial) Howard Feirman	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 122 Linden Ave.	<b>Transaction ID:</b> C39294
	City State Zip Code Lynbrook NY 11563	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Prescription Headquarters Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<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 11 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	Mailing Address 100 Daingerfield Rd.	<b>Transaction ID:</b> C39294B
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b> C00030809	
Name of Employer Occupation Conduit total: \$4,750.00	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard L. Irby	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	Mailing Address 1513 Burmeister	<b>Transaction ID:</b> C39311
	City State Zip Code Fort Worth TX 76134	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation Hallmark Pharmacy Pharmacist	<b>* Earmarked Contribution: See Below</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	Mailing Address 100 Daingerfield Rd.	<b>Transaction ID:</b> C39311B
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b> C00030809	
Name of Employer Occupation Conduit total: \$4,750.00	<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 0.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<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 12 / 23
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rudy Johnson		Date of Receipt
	Mailing Address P.O. Box 908		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Kimberling City	MO	65686
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Kimberling City Pharmacy		Occupation Pharmacist	Transaction ID: C39314
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
			Amount of Each Receipt this Period <input type="text" value="250.00"/>
* Earmarked Contribution: See Below			

<b>B.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC		Date of Receipt
	Mailing Address 100 Daingerfield Rd.		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Alexandria	VA	22314
	FEC ID number of contributing federal political committee.		<input type="text" value="C C00030809"/>
Name of Employer		Occupation Conduit total: \$4,750.00	Transaction ID: C39314B
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="0.00"/>	
			Amount of Each Receipt this Period <input type="text" value="250.00"/>
[MEMO ITEM] Note: Above Contribution earmarked through this organization.			

<b>C.</b>	Full Name (Last, First, Middle Initial) Scottie J. Knott		Date of Receipt
	Mailing Address 988 Napoleon Ave.		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Brinkhaus Pharmacy		Occupation Owner	Transaction ID: C39293
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="250.00"/>	
			Amount of Each Receipt this Period <input type="text" value="250.00"/>
* Earmarked Contribution: See Below			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<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 13 / 23
	<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.**

Full Name (Last, First, Middle Initial)  
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd.

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation  
Conduit total: \$4,750.00

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 02 / 2008

Transaction ID: C39293B

Amount of Each Receipt this Period 250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.**

Full Name (Last, First, Middle Initial)  
Robert D. Mabe

Mailing Address 105 E. Main St.

City Ashville State OH Zip Code 43103

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

Name of Employer Occupation  
Ashville Apothecary Pharmacy Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2008

Transaction ID: C39307

Amount of Each Receipt this Period 250.00

\* Earmarked Contribution: See Below

**C.**

Full Name (Last, First, Middle Initial)  
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd.

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation  
Conduit total: \$4,750.00

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 02 / 2008

Transaction ID: C39307B

Amount of Each Receipt this Period 250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00

**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 14 / 23
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Impact

**A.** Full Name (Last, First, Middle Initial)  
Dean Mattson

Mailing Address 800 3rd Ave. NE

City Roseau State MN Zip Code 56751

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

Name of Employer Mattson Pharmacy Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2008

Transaction ID: C39306

Amount of Each Receipt this Period 300.00

\* Earmarked Contribution: See Below

**B.** Full Name (Last, First, Middle Initial)  
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd.

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation Conduit total: \$4,750.00

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 10 / 02 / 2008

Transaction ID: C39306B

Amount of Each Receipt this Period 300.00

[MEMO ITEM]  
Note: Above Contribution earmarked through this organization.

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

Mailing Address 6723 Sandie Court

City Amarillo State TX Zip Code 79109

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

Name of Employer Southpark Pharmacy Occupation Pharmacist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 02 / 2008

Transaction ID: C39308

Amount of Each Receipt this Period 250.00

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 15 / 23
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NAME OF COMMITTEE (In Full)  
Impact

<b>A.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	Mailing Address 100 Daingerfield Rd.	<b>Transaction ID:</b> C39308B
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b> C00030809	
Name of Employer Occupation Conduit total: \$4,750.00		<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William P. Scheer	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	Mailing Address 77 Louis Dr.	<b>Transaction ID:</b> C39304
	City State Zip Code Farmingdale NY 11735	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Occupation Pharmacist		<b>* Earmarked Contribution: See Below</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) National Community Pharmacists Association PAC	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 2 / 2 0 0 8
	Mailing Address 100 Daingerfield Rd.	<b>Transaction ID:</b> C39304B
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b> C00030809	
Name of Employer Occupation Conduit total: \$4,750.00		<b>[MEMO ITEM]</b> Note: Above Contribution earmarked through this organization.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<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 16 / 23

(check only one)

<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.**

Full Name (Last, First, Middle Initial)

Oliver Whipple

Mailing Address 1066 Piney Green Church Rd.

City State Zip Code  
Lyons GA 30436

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

Name of Employer Occupation  
City Drug Store Pharmacist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

Transaction ID: C39315

Amount of Each Receipt this Period

250.00

\* Earmarked Contribution:  
See Below

**B.**

Full Name (Last, First, Middle Initial)

National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd.

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
Conduit total: \$4,750.00

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 8

Transaction ID: C39315B

Amount of Each Receipt this Period

250.00

**[MEMO ITEM]**  
Note: Above Contribution  
earmarked through this or-  
ganization.

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

250.00

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

6600.00



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

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

FOR LINE NUMBER: PAGE 17 / 23  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Impact

**A.** Full Name (Last, First, Middle Initial)  
American College of Surgeons Professional Association PAC  
 Mailing Address 1640 Wisconsin Ave. NW  
 City Washington State DC Zip Code 20007  
 Date of Receipt 10 / 02 / 2008  
**Transaction ID: C39299**  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. **C** C00382424  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**B.** Full Name (Last, First, Middle Initial)  
International Union of Painters & Allied Trades - IUPAT  
 Mailing Address 1750 New York Ave., NW  
 City Washington State DC Zip Code 20006  
 Date of Receipt 10 / 02 / 2008  
**Transaction ID: C39300**  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. **C** C00000885  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**C.** Full Name (Last, First, Middle Initial)  
M F A PAC  
 Mailing Address 2025 M Street, NW Suite 800  
 City Washington State DC Zip Code 20036  
 Date of Receipt 10 / 15 / 2008  
**Transaction ID: C39324**  
 Amount of Each Receipt this Period 5000.00  
 FEC ID number of contributing federal political committee. **C** C00306894  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 23

(check only one)

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

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NAME OF COMMITTEE (In Full)

Impact

**A.**

Full Name (Last, First, Middle Initial)  
National Community Pharmacists Association PAC

Mailing Address 100 Daingerfield Rd.

City State Zip Code  
Alexandria VA 22314

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

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  
1 0 / 0 2 / 2 0 0 8

Transaction ID: C39295

Amount of Each Receipt this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)  
Pricewaterhouse Coopers PAC

Mailing Address 1301 K St. NW  
Suite 800 West

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00107235

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  
1 0 / 0 2 / 2 0 0 8

Transaction ID: C39298

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Realtors Political Action Committee

Mailing Address 430 N. Michigan Ave.

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

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  
1 0 / 1 5 / 2 0 0 8

Transaction ID: C39326

Amount of Each Receipt this Period

5000.00

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

14000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 23  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Impact

**A.**

Full Name (Last, First, Middle Initial) Time Warner Cable Federal PAC		Date of Receipt MM / DD / YYYY 10 / 15 / 2008
Mailing Address 800 Connecticut Ave. NW Suite 1200		<b>Transaction ID:</b> C39325
City Washington	State DC	Zip Code 20006
FEC ID number of contributing federal political committee. <b>C</b> C00431551		Amount of Each Receipt this Period 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 ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) Winning Strategies Washington PAC		Date of Receipt MM / DD / YYYY 10 / 02 / 2008
Mailing Address 819 7th St., NW Ste. 501		<b>Transaction ID:</b> C39297
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. <b>C</b> C00368993		Amount of Each Receipt this Period 1500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	33000.00

# 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

A.	Full Name (Last, First, Middle Initial) 509 Madison Avenue Associates, LP	Transaction ID: D6545 Date of Disbursement																			
	Mailing Address c/o Kensico Properties 509 Madison Ave.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	1	/	2	0	0	8												
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Rent (includes utilities) Candidate Name	<table border="1"><tr><td>330.47</td></tr></table>	330.47																		
330.47																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		001 Category/ Type																			

B.	Full Name (Last, First, Middle Initial) Kelly Glynn	Transaction ID: D6546 Date of Disbursement																			
	Mailing Address 226 East 70th St. Apt. 4-H	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	1	/	2	0	0	8												
	City New York State NY Zip Code 10021	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consulting Services-Fundraising Candidate Name	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/ Type																			
		Not for Federal Candidate																			

C.	Full Name (Last, First, Middle Initial) Brad Thompson	Transaction ID: D6547 Date of Disbursement																			
	Mailing Address c/o IMPACT 509 Madison Ave., Ste. 1902	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	0	1	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0	/	0	1	/	2	0	0	8												
	City New York State NY Zip Code 10022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Consulting Services-Fundraising Candidate Name	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		003 Category/ Type																			
		Not for Federal Candidate																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1830.47</td></tr></table>	1830.47
1830.47		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
Impact

A.	Full Name (Last, First, Middle Initial) Verdolino & Lowey, P.C.	Transaction ID: D6549 Date of Disbursement 10 / 06 / 2008
	Mailing Address 124 Washington St. Suite 101	Amount of Each Disbursement this Period 629.92
	City Foxboro State MA Zip Code 02035	
	Purpose of Disbursement Professional Services-Accounting Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Verizon	Transaction ID: D6548 Date of Disbursement 10 / 06 / 2008
	Mailing Address P.O. Box 15124	Amount of Each Disbursement this Period 49.90
	City Albany State NY Zip Code 12212	
	Purpose of Disbursement Telephone Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: D6550 Date of Disbursement 10 / 07 / 2008
	Mailing Address P.O. Box 2853	Amount of Each Disbursement this Period 406.17
	City New York State NY Zip Code 10116	
	Purpose of Disbursement Credit Card - See Below if Itemized Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1085.99
<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)

PAGE 22 / 23

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

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NAME OF COMMITTEE (In Full)  
Impact

A.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: D6554 Date of Disbursement 10 / 07 / 2008
	Mailing Address 10 G Street, NE	Amount of Each Disbursement this Period 318.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: D6555 Date of Disbursement 10 / 07 / 2008
	Mailing Address 10 G Street, NE	Amount of Each Disbursement this Period 48.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Travel Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) UPS Store	Transaction ID: D6556 Date of Disbursement 10 / 07 / 2008
	Mailing Address 208 East 51st St.	Amount of Each Disbursement this Period 15.00
	City New York State NY Zip Code 10022	
	Purpose of Disbursement Postage Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	2916.46

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Impact

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Party of Georgia <hr/> Mailing Address 1100 Spring St. Suite 408 <hr/> City Atlanta State GA Zip Code 30309 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Democratic Party of Georgia <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D6552 <b>Date of Disbursement</b> <input type="text" value="10"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) Jill Derby for Congress <hr/> Mailing Address PO Box 1901 <hr/> City Minden State NV Zip Code 89423 <hr/> Purpose of Disbursement 2008 NV-H-02-General <input type="text" value="011"/> Candidate Name Jill T. Derby <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 02	<b>Transaction ID:</b> D6551 <b>Date of Disbursement</b> <input type="text" value="10"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	Amount of Each Disbursement this Period <input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="10000.00"/>